

***United States Court of Appeals
for the Second Circuit***



APPENDIX

Mervin J. Cohen

CA 77-6057

vs

David Mathews, Sec. HEW

77-6057

(4) copies

ADMINISTRATIVE RECORD

JAN 8 1970

Pro Se Clerk

JAN 18 1970

77-1248

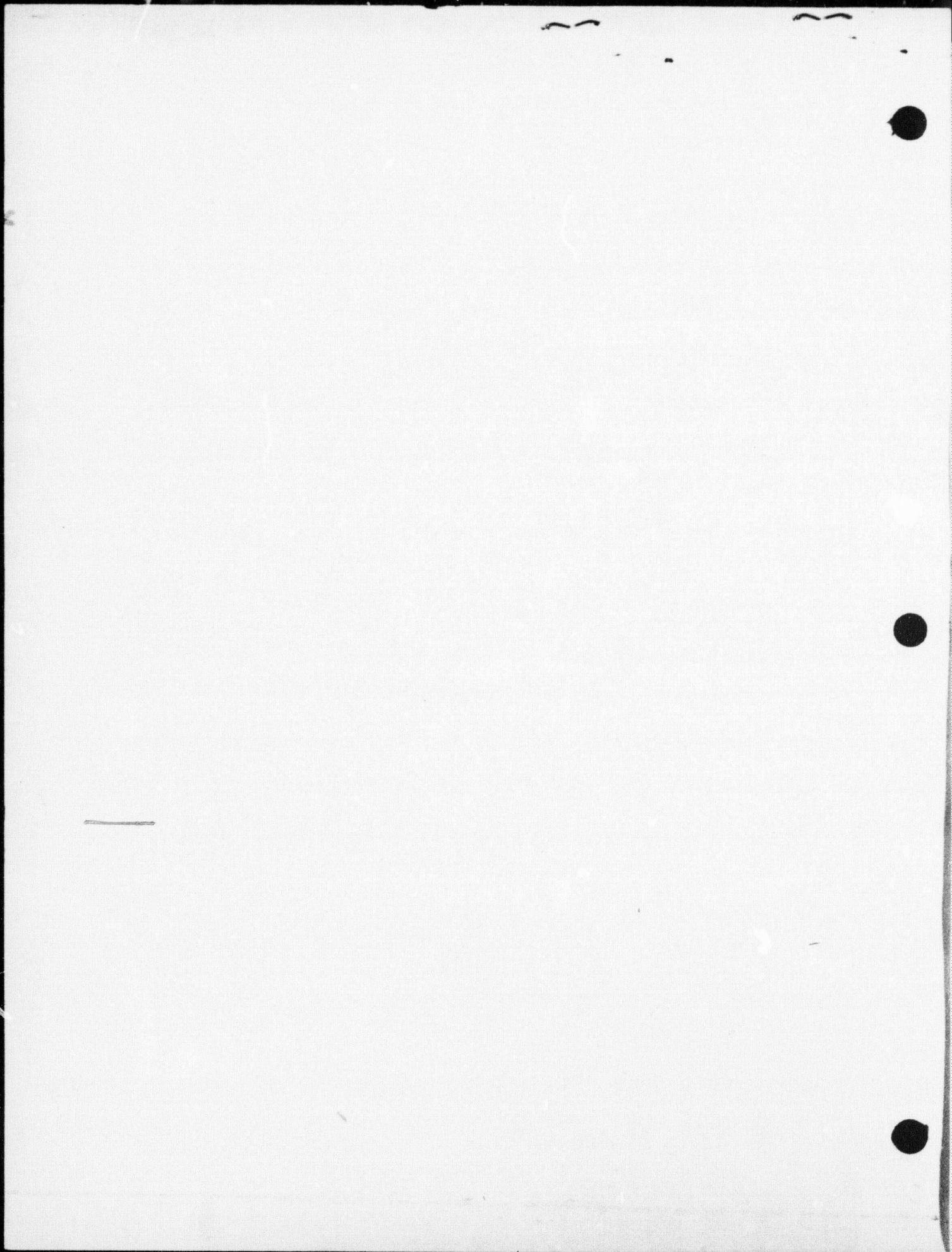
PAGINATION AS IN ORIGINAL COPY

Mervin J. Cohen, Claimant and Wage Earner

Account Number 085-28-9528

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Mervin J. Cohen

(Claimant/Applicant)

085-28-9528

(Social Security Number)

1

(Wage Earner)

(Leave blank in Title XVI Cases and if name is same as above)

EXHIBITS

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>Court Transcript Page No.</u>
1	Application for Retirement Insurance Benefits, filed 9/25/67	4	86-89
2	Application for Retirement Insurance Benefits (for Medicare only) filed 3/31/70	4	90-93
3	Letter to claimant of denial dated 4/18/74	2	94-95
4	Notice of Reconsideration Determination dated 9/23/74	5	96-100
5	Request for Hearing filed 10/2/74 with attached letter from claimant	2	101-102
6	Photocopy of abstract from Record of Births, date of birth 9/26/02, dated 4/28/70	1	103
7	Photocopy of agreement between claimant and Hofbar Associates, Inc. as of June, 1971	6	104-109
8	Copy of U.S. Individual Income Tax Return, 1971	11	110-120
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10	Copy of Statement for Recipients of Miscellaneous Income, 1973	3	132-134
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12	Notice to claimant of Social Security Benefit Information, from BRSI, dated 1/2/74	2	143-144
13	Report of Contact dated 3/15/73	5	145-149
14	Statement of Claimant dated 3/15/73 (unsigned)	2	150-151
15	Report of telephone contact with claimant on 2/12/74	1	152
16	Report of Contact dated 2/22/74	4	153-156
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HA-540
(4-74)

In Title II, Title XVIII, and Black Lung Cases - File in Hearing File
In Title XVI Case - File in Claim File

Marvin J. Cohen
(Claimant/Applicant)

085-28-9528
(Social Security Number)

(Wage Earner) (Leave blank in Title XVI Cases and if name is same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES	Court Transcript Page No.
18	Report of Contact dated 8/15/74 with attached letters from claimant	3	159-161
19	Correspondence from claimant to SSA dated January to September, 1974	12	162-173
20	Correspondence from Mt. Sinai Hospital, New York certifying hospitalizations of claimant on 7/12/72 to 12/12/72, 1/2/73 to 1/7/73 and 9/7/73 to 10/17/73	4	174-177
21	Notice of Determination of Resumption of Award, dated 10/30/74, \$320. for period of hospitalization	1	178
22	Notice of Determination of Resumption of Award, dated 10/30/74, \$2549.40 for periods of hospitalization	1	179

RECEIVED DURING HEARING

23	Letter to claimant from The Scheduling Agency, John U. Black Mutual Life Insurance Co., dated 8/23/73	1	180
24	Letter to claimant from National Life Insurance Company, dated 3/22/74	1	181
25	Letter to claimant from National Life Insurance Company, dated 4/2/74	1	182



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

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IHA-2

REFER TO: 085-28-9528

10 1975

BUREAU OF
HEARINGS AND APPEALS

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mr. Mervin J. Cohen
350 Cabrini Boulevard
New York, New York 10040

Dear Mr. Cohen:

Your request for review of the decision in your case has been carefully considered by the Appeals Council. The Council considered all the evidence in your case, the applicable law and regulations, the reasoning and the evaluation of the facts in the decision, and your reasons for believing that your claim should be allowed.

The Appeals Council has decided that the decision is correct. Further action by the Council would not, therefore, result in any change which would benefit you. Accordingly, the hearing decision stands as the final decision of the Secretary in your case.

If you desire a court review of the hearing decision, you may commence a civil action, within sixty (60) days from the date of this letter, in the district court of the United States in the judicial district in which you reside. See section 205(g) of the Social Security Act, as amended (42 U.S.C. 405(g)), and section 422.210 of Social Security Administration Regulations No. 22(20 CFR 422.210).

If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant. Also, please include your social security number in the Bill of Complaint.

Sincerely yours,

H. D. Ponce de Leon
Member, Appeals Council

MERVIN J. COHEN

350 CABINI BOULEVARD

NEW YORK, N. Y. 10040

TELEPHONE: (212) WA 8-3108

4 N AN
RN.

Appeals Council

Bureau of Hearings, Appeals, SAA

P.O. Box 2518

Washington D.C.

July 25, 1975

Re. 085-28-9528

Gentlemen:

On May 5, 1975, I delivered a copy of my letter dated 4/7/75 addressed to Judge Pravetz, to the office at 4290 Broadway, N.Y. at that time I completed form HA 520. I was advised that they would get the file and call me within about 30 days.

This morning, after several phone calls I was advised to write to your office. My letter of 4/7/75, I believe gives you sufficient data to sustain my claim for further payments.

Kindly advise me as soon as possible if you can make a decision on the basis of my letter or let me know if you require further information.

Respectfully yours
M. Cohen





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Take or mail original and all copies to your local social security office.

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NAME **MENT** **MERVIN J. COHEN**
AGE EARNER (Leave blank if same as above)

SOCIAL SECURITY NUMBER
085-28-9528

HOUSEHOLD'S NAME AND SOCIAL SECURITY NUMBER
(Complete ONLY in Supplemental Security Income Case)

CLAIM FOR

☐ Entitlement to Disability Benefits

☐ Continuance of Disability Benefits

☒ Other (Specify) **retirement benefits**

☒ Supplemental Security Income

☐ Continuance of Supplemental Security Income

I disagree with the action taken on the above claim and request review of such action by the Appeals Council, the Bureau of Hearings and Appeals. My reasons for disagreement are:

I am entitled to payments for the months of July 1971 - Feb. 1972. as explained in My letter dated 4/7/72 addressed to Judge Brantz

Attach to this form, or forward within 10 days to the Appeals Council at the address checked below, any evidence you wish to submit.

Signature by: (Either the claimant or representative should sign - Enter addresses for both)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE

☐ ATTORNEY

☐ NON-ATTORNEY

CLAIMANT'S SIGNATURE

ADDRESS

CITY, STATE, AND ZIP CODE

TELEPHONE NUMBER

DATE

5/5/75

TELEPHONE NUMBER

(212) WA 8-3109

Claimant should not fill in below this line

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

Was this request filed timely? ☒ Yes ☐ No

"No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Request for Review of Hearing Decision/Order in this case was filed on

APPEALS COUNCIL will notify you of its action on your request.

5/4/75 at **4292 Bldg**
20134

Appeals Council

Bureau of Hearings and Appeals, SSA
Box 2518
Washington, D.C. 20013



Appeals Council
Bureau of Hearings and Appeals, SSA
26 Fed Plaza
NY NY 10007

For the Social Security Administration

BY

(Signature)

(Title)

(Street Address)

(City)

(State)

(ZIP Code)

350 Calumet Blvd
N.Y. N.Y. 10040
Apr. 7, 1975
WAB-3109

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Judge Milton Pravitz
76 Federal Plaza
N.Y.C.

Re 085-28-9528A

Dear Judge Pravitz

I wish to thank you for your report dated Apr. 4, 1975. At the same time I wish to express my appreciation for your patience and courtesy during my recent hearing.

You mention in your letter that you feel I was entitled to my payments from Feb 1972 through August 1974. I would appreciate receiving a check for payments due me during this period.

I believe that I should be paid for the entire period commencing with July 1971, when I "sold" my business. I was promised a commission! I did not show up 2 days a week as specified in my contract and I received nothing for a business that I spent 47 years in building up.

The only business which I developed from July 1971 to the present date were the following

① Liberty Travel Lease August 1974, commission of \$1700. I took the listing of the vacant store in March and received the commission in August. I was not engaged in this deal at this period. I may have made 3 or 4 personal calls on Liberty Travel & half dozen phone calls to them and the landlord.

This was my only earned income during 1974.

② I have constructed a life insurance policy for 2 stock holders Mr. Miller & Mr. Aronson

2. I performed no services in connection with the sales planing of this policy. 7

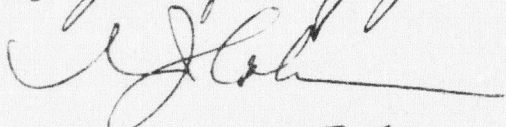
I was home sick when the customer called me. He called several times & I made appointments which I was unable to keep. I arranged for a representative of John Haverick's National Life to call on my customer, and get the application & secure payment. I did meet Mr. Miller in the lobby of the Plaza Hotel and later forwarded over to Linden N.J. by Mr. Newman of National Life.

Under no circumstances do I feel that I was actively engaged during the period from Aug. 1971 until Feb. 1972 which covered the period from the original phone call until the last check for the first years commissions was received.

If I am to be paid a deduction should be made for only 2 months, the months during which I received the commissions.

I have gone through a terrific mental and financial strain and would appreciate receiving payment for the months you feel are due me and arrange to discontinue any months on which there is a dispute at a later date.

Respectfully yours



MERVIN J. COHEN

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

8

CLAIMANT

Mervin J. Cohen
350 Cabrini Blvd.
New York, New York 10040

NOTICE OF FAVORABLE DECISION

PLEASE READ CAREFULLY

Administrative Law Judge

The enclosed decision of the ~~hearing officer~~ is favorable to you, either wholly or partly. If you are satisfied with this decision, there is no need for you to do anything at the present time. Further action on the decision will proceed automatically.

If you disagree with the decision, you have the right to request the Appeals Council to review it within 60 days following the date shown below. A request for review may be filed by you (or your representative) at your local social security office, or ^{office} ~~examining~~ it may be filed with the hearing ~~examining~~ or the Appeals Council.

The Appeals Council may decide on its own motion within 90 days following the date shown below to review and possibly to change the decision. If the Appeals Council decides to review the decision on its own motion, you will be notified promptly.

Unless you file a timely request for review by the Appeals Council or unless the Appeals Council reviews the decision on its own motion, you may not obtain a court review of your case under sections 205(g) and 1869(b) of the Social Security Act.

This notice and enclosed copy of hearing ~~examining~~ decision mailed to the claimant on

April 4, 1975

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

9

HEARING DECISION

In the case of

Mervin J. Cohen

(Claimant)

Claim for

Retirement Insurance Benefits

085-28-9528

(Social Security Number)

(Wage Earner)(Leave blank if same as above)

The claimant, born September 26, 1902, filed an application for Retirement Insurance Benefits on March 29, 1970 and indicated therein that he was applying for Medicare only. At that time he was operating a real estate and insurance brokerage business under his own name. Sometime in June, 1971 he sold his insurance business to Hofbar Associates Inc. (Ex.7) and applied for retirement insurance benefits commencing June, 1971. His application was denied, except for a period of several months during which he had been hospitalized, on the ground that he had not in fact retired from his business, since the contract of sale of his business provided that he continue to attend the office for at least 2 days a week and his income tax returns indicated continued active engagement in self-employment through deductions claimed for various expenses incurred in the conduct of business. The claimant requested reconsideration of this initial denial and on September 23, 1974 a Reconsideration Determination found that for the years 1971, 1972 and 1973 the claimant's earnings were above the allowable amount to permit retirement benefit payments, except for certain additional specified months of hospitalization. It was also determined that the claimant would have earnings in excess of the permitted amount for 1974 and therefore no retirement benefit payment could be made for months prior to September, 1974, the month in which the claimant would attain age 72 and the month after which retirement benefit payments might be made to the claimant regardless of his earnings for services rendered. The claimant filed a timely Request for Hearing and the hearing was held before me on February 27, 1975, the claimant appearing on his own behalf and stating that he wished to proceed without any representation.

The claimant's position is that during the period in issue and even before, he was sick with emotional stress, a condition for which he was hospitalized several times, and that he was not really functioning in his business. He indicated that his illness frequently left him practically immobilized. He would leave the office because he could not function; he would fail to follow up leads when such action would

normally be indicated and would even fail to take what normally would be routine action to consummate deals. He would fail to bill for premiums. He would isolate himself at home and sneak into the office weekends to pick up mail. The business expenses which he claimed as deductions on his income tax reports did not reflect normal business. He would take people to lunch, for example, whom he had no chance of getting business from. He was a sick man, he stated. While it is true that his contract with Hofbar called for his coming into the office at least 2 days a week, the Hofbar officials made things miserable for him and forced him out of the office in December, 1971. The John A. Neuman Agency of the National Life Insurance Company gave him a free office in January, 1972 but, as he put it, they kicked him out after 2 months during which time he engaged in no business there. The opening of an office at 505 Fifth Avenue (Ex.14) never materialized, according to the claimant's testimony. He arranged to work as a salesman for a real estate company in New Britain, Connecticut and was assigned an office in which he had a telephone installed, but he holed up in a motel room from which he would drive around to see some customers but would never return to keep appointments made with them. The only time he used the office was perhaps 2 or 3 Sundays when he would sneak into it, as he put it, to check his mail. He had no earnings from this connection and after 4 months his son came up and got him.

The claimant testified that the only income from new business which he received during the pertinent period was a \$1700 commission in connection with the signing of a lease by Liberty Travel which he received in August, 1971. He testified that he worked on this for about 5 months, from March to August, 1971, making a call here and there. He might have called the owner to find out what he could do, then called the prospective tenant to see if he was still interested. He might have made a call every 2 or 3 weeks but it extended over a period of 5 months, he believed. In addition, he received a commission of some \$47,000 on life insurance policies on 2 partners in a business. This transaction extended from August, 1971 to January, 1972 before it was finalized, according to the claimant's testimony. Even here, he added, he was unable because of his health to complete the transaction and had to call upon another agency to close the deal. In this connection, the claimant testified, he would make an appointment to see the client, would never keep it or call to break it, the client would call him back to offer proposals for facilitating the meetings and, even then, the claimant's wife had to take him to a meeting place because he could not get himself to go on his own. He walked around like a zombie, he testified. This \$47,000 commission, incidentally, entailed renewals over a period of 9 years. These 2 amounts, the \$1700 lease commission and the \$47,000 life insurance commission, have been the only new income the claimant earned from June, 1971 to the present, he testified.

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In connection with the claimant's assertions concerning his income during the pertinent period, his 1972 income tax return shows income from self-employment business as an insurance broker of an amount of about \$100 more than the totals, both new commissions and renewals, received from the 2 companies from whom the claimant testified he received all his new commissions in 1972 (see Exs. 23 and 24). The significance of this is that, barring some \$100 which may represent renewal commissions earned in prior years, the figures tend to confirm the testimony of the claimant concerning new business income for 1972. I might add in this connection that I accept the contents of exhibits 23 and 24 concerning the claimant's income, especially since the amount of total commission attributed to the claimant for 1973 in exhibit 24 corresponds with the amount appearing on his Form 1099, given him for income tax purposes, as commissions received by him for that year (Ex.10).

The file contains medical evidence in support of the claimant's allegations concerning the illness which he asserts resulted in his activity constituting something less than business activity. There is correspondence which indicates that the claimant was an inpatient at the Mt. Sinai Hospital from July 21 to December 12, 1972, from January 2 to January 17, 1973 and from September 7 to October 17, 1973¹ with a diagnosis of manic depressive illness, circular type. One of the exhibits, a copy of a letter to the claimant from a resident in psychiatry in response to a request from the claimant for such a letter, refers to business difficulties which manic depressive people may experience because of changes of mood, behavior and judgement (Ex. 20, pg. 1).

As has been indicated, it is the claimant's contention that when he was not in the hospital during the period in issue, he functioned on such a limited basis as to preclude a finding that he rendered substantial services in self-employment.

EVALUATION OF THE EVIDENCE

The evidence shows that during the pertinent period the claimant was self-employed. Section 203 of the Social Security Act and Section 404.415 of Regulations No. 4 of the Social Security Administration provide for deductions from monthly retirement benefits because of excess income from wages for self-employment. Section 404.435 (c) states that an individual is deemed to have engaged in self-employment

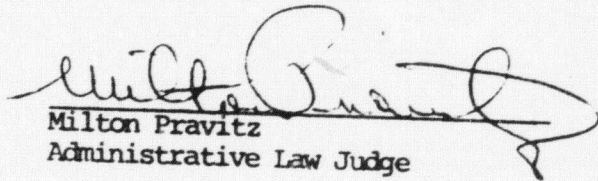
The claimant testified that there was an additional period of hospitalization from September to October, 1974.

in any month in which he renders substantial services in the operation... of a trade or business even though there may be no earnings or net earnings from self-employment attributable to his services for such month. The "substantial services" test is further clarified in Section 404.446 of the Regulations and in Social Security Rulings 61-38 at page 80. Renewal commissions, such as we have involved in our case, are treated more fully in Social Security Rulings 71-22 at page 40. The parts of these laws, regulations and rulings which apply to our situation provide that although renewal commissions from life insurance sales which are income from self-employment must be reported as earnings for the taxable year for which they are received, receipt of such renewal commissions in any month does not necessarily mean that deductions are required. The test is whether, where a self-employed individual's total earnings for the year exceed the allowable amount, the claimant rendered substantial services in self-employment in one or more months of that year.

In our case, the evidence indicates that the claimant suffered from exacerbations and remissions of an illness which permitted him to function effectively on occasion and which precluded effective functioning in a business sense at other times despite the motions he went through and the effort expended. In this latter connection I am not referring to the unsuccessful attempts at attaining business which most businessmen experience at one time or another and which are normal concomitants of doing business. I refer, rather, to a type of illness, such as I believe we have here, which permits the claimant to move about and even engage in business activity which seems normal, but which is nevertheless as incapacitating as though he were a bedridden laborer. Although the absence of self-employment income does not preclude the finding that there were substantial services rendered in self-employment, under the particular circumstances of this case I believe that such a finding is precluded. The claimant did not render substantial services during the period in question except for those months where his activity, even though less in quality or quantity than his normal activity when well, was productive of income. Such rendering of substantial services occurred, during the pertinent period, from March, 1971 to August, 1971, when the claimant performed work which led to the Liberty Travel commission and from August, 1971 to January, 1972 when he worked, such as it was, on the two life insurance policies which led to a \$47,000 commission plus annual renewals and which was finalized, as he put it, in January, 1972. As I see it, these were the only times during the pertinent period during which the claimant rendered substantial services. This being so, he would be entitled to retirement insurance benefits for the period from February, 1972 through August, 1974, since there is no question of his entitlement commencing September, 1974, the month in which he attained age 72. Further, adjustments are to be made for benefits already received by virtue of his periods of hospitalization.

Finally, since the claimant could not state how much time he spent in rendering these services in each month for the periods June, 1971 through January, 1972, his income for the work performed during those months should be equally divided among those months for the purpose of ascertaining whether and how much of a deduction should be made as excess earnings for any of those months. In this connection, again, the evidence indicates that he received \$1700 in August, 1971 for work performed during the months March to August, 1971. The evidence also indicates that he received \$23,000 on new business commissions in January, 1972 for work covering the period August, 1971 through January, 1972, and that amount should be evenly distributed among those months.

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Milton Pravitz
Administrative Law Judge

) Date: April 4, 1975

NOTICE OF HEARING

14

In the case of

Claim for

Mervin J. Cohen

(Claimant)

Retirement Insurance Benefits

(Wage Earner) (Leave blank if same as above)

085-28-9528

(Social Security Number)

TO:

Mr. Mervin J. Cohen
350 Cabrini Blvd.
New York, New York 10040

Pursuant to your written request and the provisions of Sections 205(b) and 1869(b) of the Social Security Act, a hearing will be held by the undersigned, an Administrative Law Judge of the Bureau of Hearings and Appeals, on the 27th day of February 1975 at 9:00 o'clock in Room 3138 of Federal Building, 26 Federal Plaza, New York New York
(Number and Street) (City)
(State)

The general issue to be determined ~~is~~ is whether the claimant is entitled to be paid retirement benefits for the period commencing June, 1971, as claimed, to the date he attained age 72 (exclusive of periods of hospitalization).

The specific issues on which findings will be made and conclusions will be reached are whether or not the claimant was, in fact, retired during the said period and whether his earnings during the said period as a self-employed individual were in excess of the permitted amounts for those years as prescribed by the Social Security Act, as amended.

REMARKS:

IMPORTANT—Please sign the enclosed postal card notifying me whether you will be present at the above time and place. The postal card should be returned at once; no postage is required.

Administrative Law Judge

Milton Pravitz

Mail Address

Bureau of Hearings and Appeals
Room 3138, 26 Federal Plaza
New York, New York 10007

Telephone Number

February 14, 1975

264-2838

c: Representative (Name and Address)

District Office (Address)

4292 Broadway, New York, N.Y. 10033

Enclosure

READ THE OTHER SIDE OF THIS NOTICE FOR FURTHER INFORMATION REGARDING YOUR HEARING.

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HEARING FILE

(Over)

IMPORTANT INFORMATION

15

Appearance at Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Administrative Law Judge promptly and give your reasons. Also, indicate the earliest date after which your case can be rescheduled for hearing.

Conduct of Hearing

The law places on you the burden of submitting evidence to support your claim. Bring to the hearing all evidence not already presented in your case.

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the hearing office.

At the hearing the Administrative Law Judge will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, if you desire assistance in presenting your case you may be represented at the hearing by an attorney or other qualified person of your choice. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and must furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld pending approval of a fee for your attorney. If the approved fee is less than the 25 percent withheld, the difference will be paid directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld, and payment of the fee which is approved is a matter to be settled between you and your representative.

If you have any other questions, your local Social Security office will be glad to help you.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

16

REFER TO:

BUREAU OF
HEARINGS AND APPEALS

Nov. 26, 1974

Mervin J. Cohen
350 Cabrini Blvd.
New York, New York 10040

Dear Sir:

We have received your request for a hearing on your social security claim. Because of the number of hearing requests that are pending in this office, there may be some delay before your hearing can be held. However, you may be sure that it will be held as soon as possible.

You will be notified of the time and place of the hearing.

Sincerely yours,

Edward V. Alfieri
Edward V. Alfieri
Administrative Law Judge

HEARING FILE

FORM HA-L4
(12-72)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

TRANSCRIPT

17

In the case of

Claim for

Mervin J. Cohen

(Claimant)

Retirement Insurance Benefits

(Wage Earner) (Leave blank if same as above.)

085-28-9528

(Social Security Number)

Hearing Held

at

New York City, New York

on

February 27, 1975

APPEARANCES: **Mervin C. Cohen, Claimant**

MILTON PRAVITZ, ALJ

Hearing Examiner

IDA HEISS

Hearing Assistant

INDEX OF TRANSCRIPT

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In the case of:

Account Number:

Mervin J. Cohen, Claimant

085-28-9528

Testimony of Mervin J. CohenCommencing p. 6

1 (This is the case of Mervin J. Cohen, Social Security
2 Number 085-28-9528, Claim for Retirement Insurance Benefits.
The hearing is held before Administrative Law Judge Milton
Pravitz. Hearing Assistant Ida Heiss. On February 27, 1975,
in Room 3138 26 Federal Plaza, New York City.)

4 (The hearing commenced at 9:48 a.m.)

5 OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

6 ADMINISTRATIVE LAW JUDGE: All right. The hearing
7 will be in order. This is a hearing on a claim for Retirement
8 Insurance Benefits filed by Mervin J. Cohen, Social Security
9 Number 085-28-9528. The record should show that Mr. Cohen is
10 present here this morning, and he comes unaccompanied by any-
11 body.

12 Now, Mr. Cohen, the notice that we sent you of this
13 hearing told you that you have a right to appear with an at-
14 torney and it also indicated somewhere that you could come
15 alone and present your case alone if you preferred. You're
16 here alone. Am I to assume that you prefer to proceed that
17 way?

18 CLAIMANT: Yes, I think I'll get a fair hearing here.

19 ADMINISTRATIVE LAW JUDGE: Okay. Very good.

20 CLAIMANT: That's all I want.

21 ADMINISTRATIVE LAW JUDGE: Very good. Now, you see
22 that little mike --

23 CLAIMANT: Yes.

24 ADMINISTRATIVE LAW JUDGE: -- before you. That's all
25 right. It's a pretty sensitive thing, and there's no need for

1 you to get right on up to it. It's being monitored here by
2 my assistant. I just want to ask you to continue to keep your
3 voice up --

4 CLAIMANT: Yes.

5 ADMINISTRATIVE LAW JUDGE: -- so that everything that's
6 said, goes -- travels from that mike. And then it's picked up
7 on a tape there. And that way we don't need a court reporter,
8 and we do have a record of the proceedings.

9 Now, let's see now, you had an opportunity, did you,
10 to look through this file that was called the Exhibit file --

11 CLAIMANT: Yes.

12 ADMINISTRATIVE LAW JUDGE: -- and these proposed exhi-
13 bits 1 through 22?

14 CLAIMANT: I have glanced through them. I have copies
15 of most of them here.

16 ADMINISTRATIVE LAW JUDGE: Okay.

17 CLAIMANT: And the file is complete and it includes one
18 or two statements which verify my basis for a claim.

19 ADMINISTRATIVE LAW JUDGE: All right. Then what I'm
20 going to do is receive these papers, Exhibits 1 through 22,
21 into evidence. Now, let me tell you the significance of that.
22 When I come to write my decision, I can't reach out through the
23 whole world for whatever I see fit to put in there. I'm con-
24 fined to a certain frame of reference. And that frame of re-
25 ference is what's in there -- that's the Exhibits 1 through 22

1 whatever other papers or documents I receive into evidence,
2 either at the hearing or even after the hearing closes. And
3 of course, you'll be given an opportunity to review and comment
4 on whatever additional papers I receive into evidence. Plus
5 finally whatever testimony we receive here today. So that the
6 picture will be on the basis for any decision of mine will be
7 the papers that are received into evidence plus the testimony.
8 Now, that's the significance of receiving --

9 CLAIMANT: Right. Glancing through the papers, I think
10 there's sufficient evidence to verify and confirm my right to
11 payment, at least from June 1971 on, the date that I sold my
12 business.

13 ADMINISTRATIVE LAW JUDGE: Well --

14 CLAIMANT: Now, if you want me to make a verbal state-
15 ment of why I feel that way, I'll be glad to do so.

16 ADMINISTRATIVE LAW JUDGE: Could you hold off on that
17 just a minute, please?

18 CLAIMANT: Yes.

19 ADMINISTRATIVE LAW JUDGE: All right. We've received
20 these exhibits into evidence.

21 (Exhibits 1 through 22, having been previously marked
22 for identification, were received into evidence and made a part
23 of the record hereof.)

24 ADMINISTRATIVE LAW JUDGE: All right.

25 The Claimant, MERVIN J. COHEN, having been first duly

1 sworn, testified as follows:

2 EXAMINATION BY ADMINISTRATIVE LAW JUDGE:

3 Q Tell me now why you feel that the determination
4 that was made down below, the reconsideration determination
5 denying you retirement benefits from June 1971, except for
6 the months that you were hospitalized --

7 A That's right.

8 Q Tell me why you feel that that was incorrect and
9 what you feel should be correct and why?

10 A All right. I have been through a period of hell
11 for 15 years. That is not the fault of the Government, nor
12 am I claiming nor did I try to claim any income prior to 1971,
13 because in spite of my troubles and in spite of my tax losses
14 I lost the business -- the money voluntarily by pursuing the
15 business which I should have dropped. And I did that as a
16 matter of spite to my wife who refused to cooperate with me.
17 So technically, I thought I might have been entitled to pay-
18 ments from '6- -- from '61, that's right. No, I was 65 in '67.
19 From '67 on, technically I might have been entitled to pay-
20 ments because my net income after tax losses on this business
21 was not there. I had losses several years, where I had a net
22 income of zero. But I had cash that I was eating up to live
23 on.

24 I didn't attempt to establish income for that -- I mean,
25 a claim for that period. And technically, I might be entitled

1 to it. I'm willing to waive that now, if I get paid for the
2 period from '67 on. Now, I'll start with the period of '67
3 on.

4 Q You mean you'll waive it --

5 A I'm sorry. I mean from '71 on.

6 Q From '71 on.

7 A From '71 on.

8 Q Okay.

9 A Now, I went through a period of tremendous stress
10 emotionally, financially. And in 1971, after 40-some-odd years
11 in the insurance business, I gave away one of the best one-man
12 insurance business in the city. And I can verify that. I was
13 offered several deals from a very, very large concern who
14 wanted to take me in and give me 50-percent of my commissions.
15 And give me an office, and I turned them down after investiga-
16 ting them for months on simply the fact that they refused to
17 put my name on the letterhead as an officer. I said, "I don't
18 want to own any stock. I don't want any interest in your
19 corporation. I don't want any knowledge. I don't want to
20 interfere with the business. I turn it over to you. I will
21 be nothing but a salesman. But it will benefit you --" --
22 and it was my prestige after being my own boss for years, I
23 wanted my name there, not just serviced by. He turned me down.
24 A month later, I came back to him. I said, "I'll take the
25 deal." He says, "Okay, but we can't give you an office now.

1 We've got enough people." And this can all be verified. The
2 firm is Osborne and Lang, and I believe it was a Mr. Anderson.
3 Well, the deal finally fell through in December of '70, because
4 I made an appointment with him to come up and see me. And I
5 was feeling sick then. And knowing I had an appointment and
6 knowing how important it was to me, I simply closed up shop
7 and walked home. And he came there. And I didn't even have
8 the courtesy -- and I'm a courteous man -- to call him up.
9 And when I called him a month later, when I was back on my
10 feet, and I give him credit for that -- he said, "Mr. Cohen,
11 I don't know whether I want to do business with you."

12 And I wasn't angry with him. I said, "He's smarter
13 than I thought he was. He knows that I'm not functioning."
14 I tried to function. And I said, "I'm going to try to get
15 help and straighten things out, and then I'll sell it as a
16 going concern."

17 I had policies on my desk for two months that I didn't
18 even check and bill. I paid premiums for customers that I
19 never billed the customers. The customer -- company called
20 me up, "There's a premium past due." I look at my record. I
21 never billed it. It's a good account. And I know one -- and
22 I remember it. I couldn't function. But my mind and memory
23 has always been clear. It was designed, built -- exhibits --
24 it was a \$900 premium or a \$700 premium. I paid it to the com-
25 pany, and to this date, I never collected and I never billed it

1 to my customer. It happened to have been an old personal
2 friend of mine and a very good account. Some day, if I happen
3 to see him, I may collect it. But I tried to call him when I
4 was sick, and he hung up the phone on me. Somebody I had known
5 as a personal friend and a good friend -- and I'm not angry
6 with him. Because he asked me to raise coverage for him on
7 accident-health, and I never got back to him. He kept threat-
8 ening me. I didn't have the courage to say, "Harry, I don't
9 want to hurt you. You've been a friend of mine. I can't
10 function. Get it from somebody else." And I was hoping that
11 he'd call me and say, "Mike, I got a new broker." And finally
12 that happened. And when I called him, instead of realizing
13 that he offered me business and I didn't come out to get it,
14 and he knew that I never neglected my business, I lost the
15 account.

16 We'll get back to '71. Hofbar Associates, a Mr.
17 Batsky had been calling at my office over a period of six
18 or seven months. He was told by one of the solicitors for the
19 home insurance company that I had to get out of the business,
20 and needed somebody to service it. It seemed that every time
21 he got there, I was never there. Because for a period of a
22 year-and-a-half or more prior to the sale of my business, many
23 a time I'd start down to the office and feel sick. And ride
24 the subway for a couple of hours and come home and go to bed.
25 I didn't realize how sick I was then.

1 And other times I'd come to the office, I'd be func-
2 tioning perfectly. And then I'd get a call, either turning
3 down a line that I knew the company should accept or a call
4 from a customer, "Why the hell can't I get paid. I paid
5 your premiums for 30 years. I have one claim. Why can't you
6 pay it."

7 Well, I was never the type to have my secretary say,
8 "Mr. Cohen is not in." Or duck it. I'd get on the phone.
9 I couldn't argue with them because they were justified. But
10 there was nothing I could do. And so it got to a point where
11 I just hated going into the office. And I could stand it until
12 the phone started ringing. It got so that I wouldn't even
13 want to answer the phone at home. Because friends of mine
14 would call me, "How come you're so curt?" To me, the phone
15 was an evil thing.

16 So finally, after chasing me a number of months, Mr.
17 Barsky caught up to me. And I spoke to him, and I said, "Okay
18 I have only one problem or two problems in my business. I
19 have a good business. I have good customers. I have good
20 volume. A very little detail -- I have one account"-- and
21 that's the one that I mentioned before that was owned by my
22 personal friend, the design bill exhibits, "I need more in-
23 surance. And I've been breaking my neck for a year. And he's
24 underinsured. And I can't get anyone to pledge it. If you
25 can place that one line, I'll let you service my business."

1 I went out and had lunch with him. He called me back.
2 He said, "I can place it." Okay, fine, place it. Three weeks
3 went by. I called him up. "Barsky, how about the design bill?"
4 "Oh," he said, "I spoke to my partner. My partner says we
5 don't want to service it unless we get all your business."
6 I said, "Who's the partner, you? You're supposed to be the
7 boss. You told me. If you can't handle that, then I don't
8 need you."

9 Until I got so damn sick that I came down one day,
10 and as I'm leaving the office, I met him. I said, "Barsky,
11 how would you like to have my business for nothing."

12 Now, mind you, I had a very good, well-recommended
13 concern, ready to handle it. I would own it, have an office,
14 and get 50-percent of my commission, which is pretty near as
15 much as I made by working, and have no headaches.

16 Q That was at a beginning --

17 A Right.

18 Q By time --

19 A I still had the business on my books.

20 Q They weren't going to give you the office any-
21 more.

22 A Well, that's different. But I'm just telling
23 you what I had.

24 Q At one time you could have had that. And now
25 you were down to this?

1 A Right.

2 Q Okay.

3 A My business was still there. I was still holding
4 on to it.

5 Q Right.

6 A So --

7 Q You offered it to him for nothing.

8 A What's that?

9 Q I say you offered it to him for nothing?

10 A That's right.

11 Q Uh-huh.

12 A When I say nothing, I mean he didn't have to in-
13 vest any of his money.

14 Q Right.

15 A So I called -- he asked me, "What is the deal?"
16 And his eyes opened up. "I service it to me for four years,
17 give me 50 percent of the commissions. At the end of the four
18 years, you own it." Oh, naturally, he didn't leave me alone.
19 He made an appointment for me to meet him on a Sunday to go
20 through the records. And finalize the deal. And I never
21 showed up. Then he kept after me, and finally I got together
22 with him. And I realized that I needed to do something. And
23 I decided to go ahead with the deal.

24 My feeling was that he had, what he showed me as a big
25 office. But I found out later that he had nothing but a shell.

1 Because he had the office, and most of the other people there
2 were sub-tenants paying the rent. He didn't control their
3 business, and he didn't own it. And he didn't have the help
4 to service the business.

5 I called my attorney Horace Brook, and we had a hear-
6 ing. And we discussed the terms. And he called me outside.
7 He said, "Mike, you're crazy. You have a good business. What
8 are you taking a deal like that?" I said, "Harry, I got to
9 do it." He said, "You want to do it, fine."

10 And at that hearing, at that meeting, he had a Mr.
11 Miller with him, who was supposed to be his partner.

12 Q This is Barsky?

13 A Barsky, yes. The Hofbar Associates, Inc. Then
14 I explain to him what happened. While I was sick, the Inter-
15 nal Revenue Department attached my premium account, which they
16 had no right to do. I had one check outstanding for the Hart-
17 ford Accident and Health. Their Accident-Indemnity Company
18 for about \$2000. And because of that attachment, the Hart-
19 ford check was returned.

20 I got panicky. I figured having 18 and 20 customers
21 call me up and accuse me of stealing their money. The Inter-
22 nal Revenue Department called me at home. They knew I was
23 sick. I said, "You had no right to that money. Wait until
24 I'm better. I'll be able to come down."

25 I knew the account was attached. I was aware of the

1 difficulty. But I just couldn't drag myself out of the house.
2 I finally got down to the bank. They said, "We just released
3 the money this morning. They insisted on getting it."

4 So I called them. I said, "Give me that money back.
5 I need it to stay in business." They refused to give it to
6 me. I called the attorney, "What can I do?" He said, "You
7 can sue them." I said, "It's going to take me six months.
8 I got to pay your money. I own it anyway." And that's what
9 determined me to give my business to Barsky. So it's the
10 Internal Revenue, whom I had paid and overpaid on my taxes,
11 since I've been in business. And if you're interested in that
12 I'll explain why I tell you I overpaid.

13 Q Well, that wouldn't be necessary.

14 A All right. I asked them to wait and they didn't.
15 They had no right to that excrow account. That's customers'
16 money. That is what pushed me over the brink, and made me
17 sell the business.

18 I have no bitterness on account of that, and I'll tell
19 you why. I was aware that I just couldn't function. But I
20 figured that's all I needed was a little rest and I'd be
21 able to pick up. I always ran a very tight ship. I checked
22 every single policy that went out of my office. I checked
23 every letter, I handled every claim myself. And I had the
24 respect of my customers and accountants of people that knew
25 I was a one-man organization. And gave me business in spite

1 of the fact they had people with 150 employees competing for
2 the business. And I can give you names on that.

3 So when they attached the account, I was panicky. I
4 decided to go through with it. This was on a Friday when we
5 had the first meeting with Hofbar.

6 On a Monday, we came to sign a contract. And then they
7 sat down, and started a lot of arguments. "We didn't know how
8 desperate your situation is. We didn't know all the work we'd
9 have to do. We didn't know that we got to lay out a lot of
10 money. And therefore, we want to have 40 percent -- 60 percent
11 and give you 40."

12 I said, "You're not laying out any money. I'm giving
13 you top figures. You may have to lay out a maximum of \$5,000.
14 I'm assigning to you over \$20,000 in account receiveable. And
15 in addition to that, here's \$2900 worth of checks to cover
16 what you're laying out as far as a check to the Hartford
17 Accident Indemnity Company. So you're not laying out anything."

18 Either the lawyer or Barsky knew my attorney. And so
19 it was a friendly relationship with him. I said, "Okay, fine.
20 I'll take the 40 percent. But as soon as you get all your
21 money back, I want to have it go back to 50." That was never
22 put into the contract. But that was agreed as sure as I'm
23 sitting here.

24 But they did put in a clause that in any event, after
25 two years, I was to get the 50 percent. Now, I came down there

1 expecting to spend a week or two, and then take off and take
2 a trip to Israel, which I've been dying to go to for years.
3 Instead of getting some relaxation, I went through more hell
4 with them. The humiliation that I suffered there in their of-
5 fice. And I think it was done deliberately. And I think the
6 contract was drawn with malice of forethought to know that on
7 my condition, I couldn't spend two days in the office with them.
8 And then they could threaten me. "If you're not in the office,
9 you lose your rights to anything."

10 The result was they paid me about \$1400 in commissions.
11 And to this day, I haven't gotten another dollar. I had
12 trouble at home on account of it because my son went down to
13 see them. And when he needed somebody, Mr. Barsky could be
14 very, very nice. And my son comes back and he says, "You're
15 a miserable s.o.b." That's what I had to take from the son
16 that I love. "He's offering you a good compromise. Why don't
17 you take it?"

18 I said, "Michael, I want to tell you something. I
19 don't resent your feeling. I don't resent taking your advice.
20 I appreciate what you did. But you ought to know me by now.
21 I may be an s.o.b., and I may be stubborn, but I'm not miserable.
22 It's my money and my decision. And so far, you haven't had to
23 support me or your mother. I'm going to make that decision.
24 I got licked on this contract. I'm not taking a penny less than
25 what I'm entitled to."

1 I had a hearing about seven months ago with a third
2 and fourth lawyer that I had on my case. If you want to know
3 why, I can tell you why.

4 Mr. Brooke died. Another attorney by the name of George
5 Nayman (phonetic) took the case, and then he took sick. And
6 then I took sick. And by the time I was able to get together
7 with him, he said, "Mike," he says, "here's what I'm involved
8 with." He says, "I have a condemnation proceedings. Goes
9 back 37 years." He says, "I got to find out bills." And he
10 says, "And I got to straighten myself out on that." He says,
11 "I haven't got the health nor the patience." He recommended
12 another attorney for me, who seems to be a nice guy. When
13 I finally tried to get together a force action on his part,
14 he happens to be an ex-negligence lawyer who go into the
15 building-business when the negligence-business folded up. And
16 he's got to spend so much time with the building business that
17 it's hard for him to get stuff out. And I've been pressing
18 him. And I don't want and get another attorney, because I
19 know he's a nice guy. And I know he's capable of --

20 Q Okay.

21 A So finally we had a hearing with Hofbar, and they
22 showed me that they've got statements --

23 Q A meeting you mean, with --

24 A A meeting, yes.

25 Q Yes.

1 A They had statements showing that they owed me
2 something like \$12,000. I said, "Give it to me." "No, we
3 won't give you that, because in view of the trouble you
4 caused for us, we want \$3000 more." Now, the only thing I
5 asked of them, I said, "I'm willing to make a payment of \$1000
6 above what you're entitled to. Give me the privilege of going
7 back into business. I won't touch any of the other accounts
8 that you've got. You're welcome to them." "No. We won't
9 give up anything."

10 Well, thank goodness, I'm alive. I think I've gotten
11 my health, and I think I can earn money now. And so I'm not
12 crying, and I'm not asking for sympathy. I'm only asking
13 for what I paid for, and what I'm entitled to.

14 Now, getting back to income. I want to ask you a de-
15 finite statement. And this is based on you accepting my word.
16 I'm not asking you to agree that that is correct. You can
17 check it out.

18 If I were home sick in 1971, did not go to the office,
19 I got a call from one of my customers. I didn't call him
20 back 'til he called me three times. Finally, he says, "Mike,
21 I'm sorry to hear that you're ill. Can you handle some in-
22 surance for us." I started to get sick because I thought that
23 was an insurance problem. I didn't want to turn it over to
24 these people, and I couldn't hand it elsewhere. I thought I
25 was going to get his general insurance which was worth close

1 to a half-a-million dollars a year in premiums. And I figured
2 that's ironic. Now, after all the years, I get that business.
3 But I had sold him some life insurance, substantial policies.
4 "No," he says, "it's life insurance."

5 I says, "If I was in the hospital on an operating table,
6 I could give you the advice. There's no problem there. It's
7 very simple." He says, "Okay. Come out to see me." I
8 didn't go out to see him. He called me back three or four
9 times. "Mike," he says, "do you think you're going to get
10 around?" He says, "We want to have it."

11 I didn't -- I says, "Well, how much insurance are you
12 interested in now?" He says, "We want to bring up our insur-
13 ance to equal the book value of our corporation." I waited
14 another week. I couldn't get myself dressed to go out. I
15 had no car. And the problem of traveling by bus -- and I'm
16 not lazy -- became such a problem that I couldn't pick myself
17 out to go out to see him. And I knew it represented thousands
18 of dollars in commissions. As it turned out, it represented
19 \$120,000 between new commissions, between the first year's com-
20 mission and renewals.

21 So I called up an agent of mine, and that can be veri-
22 fied, with John Hancock through the Edward J. Shirting (phonetic)
23 Agency, and I told him to go out and see him. They got an
24 application, the policy was ready to be delivered. I didn't
25 deliver it. I said, "Go out there and get a check." There

1 was some dispute about the rating for one of the partners. So
2 I called on another agency, John A. Newman of the National
3 Life. He went out and wrote one of the partners. He delivered
4 the policy that only came out to discuss it with him. And I
5 said, "I can't travel." And he says, "I'll pick you up at
6 home." I said, "You don't have to do that." I'll meet you
7 at the office. So I traveled with him. And that went on
8 from August until December before the thing was closed.

9 Q Of when?

10 A 1971.

11 Q Uh-huh.

12 A Now, Hofbar, in December of 1971, took my furni-
13 ture and records and threw them in a heap in an office below.
14 Claiming that I didn't keep my contract; I didn't come there
15 two days a week.

16 As it happened, that claim is correct. At the begin-
17 ning, I didn't. But I was beginning to feel better, and I
18 was beginning to feel that I could make enough money on life
19 insurance through him that things would work out. And I wouldn't
20 worry about the licking I was taking under his contract. So
21 I -- at the time that he threw me out, I had been coming in
22 every day, and coming in early. In fact, I wanted a key so
23 I could get in before his girl. And he stalled me for a long
24 time before giving me a key. At the beginning I would come
25 in there. I had no office. I'd sit down in one chair. I'd

1 stay there for 10 minutes. All of a sudden, somebody would
2 call, "Get out. You're in my way."

3 A customer called up, wanted some information. I went
4 through the files. Some big guy that he had -- he was about
5 6'5" and 280 pounds -- says, "What do you have there? What
6 are you doing looking at my files? What are you doing dis-
7 cussing things with my customer." And I told him, I said,
8 "Bob --" -- I think his name was Bob Hickey. I says, "Bob,
9 this business doesn't even belong to your boss. It belongs
10 to him in 1975 after he's serviced me for four years. But
11 this is my account and you're not going to tell me what I can
12 tell my own account." So he starts shaking his finger in
13 front of me. I says, "Don't shake your finger in front of me."
14 I says, "I don't like it." He said, "If you don't like it,"
15 he says, "you can lump it." He says, "I'll shove it down
16 your throat." So I took my glasses off. I said, "Bob, you're
17 not big enough. And there were people in the office who can
18 verify that. That was the type of treatment I got. Finally,
19 I didn't come down. I told them, I said, "You want me to
20 come down, I got to have a private office." And so I had the
21 private office. Customers would call and ask for me. And
22 while I was sitting in the office, they'd tell them they
23 haven't seen me for weeks. They don't know where I am. They
24 went to some of my best friends, whom I could have sold life
25 insurance to, and they told them I was crazy. Well, I might

1 have been for doing business with them.

38

2 So I don't have to tell you that treatment didn't help
3 my condition. And I ended up in the hospital. But I didn't
4 work -- when they threw me out, I was home. I went out to
5 see people once in awhile. I closed deals and then didn't
6 close them. I'll give you just one example. At the end of
7 December, I went into see some people whom I negotiated with
8 several years before for release. The deal fell through and
9 I didn't follow them up.

10 The name of the firm is Bun and Burger. I went in to
11 see one of my old friends in the real estate business. He
12 was discussing the store that they had to lease. And I said,
13 "Gee, that would be a good store for Bun and Burger. And I
14 discussed terms with them which were very reasonable. I called
15 up the Bun and Burger people. And they said, "Get us a lease."
16 So I went down to the office the following day, intending to
17 call the owner. And arrange to have a lease drawn. There was
18 no discussion about terms. Just, "Get the store for us. We
19 like it."

20 When I went down, I found my office was locked. My
21 papers were downstairs. And I just fell apart. I didn't call
22 the owner until a month-and-a-half later. And I called the
23 customer. And he said, "Where have you been. We told you to
24 get the lease." I said, "You're still interested?" He says,
25 "Yes." Then I didn't arrange an appointment for another month.

1 We got an appointment. We got together to discuss the lease.
2 And at that time, the man that I knew had two of his partners
3 there. And they were wise guys. We originally discussed the
4 lease with terms starting at \$12,000 a year. My principals
5 insisted on coming down to the hearing. And I was told by
6 my son who has more experience than me in store rentals --
7 you never take a customer to an owner. They ended up by jack-
8 ing them up -- when one partner would agree to starting rental
9 of 12, the other guy would say 14. When the other partners
10 would say 14, the other guy would say, "No. I wouldn't give
11 it for less than 16." They ended around my people, agreeing
12 to pay a rental, I believe, running from \$18,000 to \$24,000
13 a year, instead of \$12,000 to \$14,000. And then the deal
14 fell through because they thought they had them so anxious
15 that one of the partners said, "We're not taking an empty
16 corporation. This is a franchise organization. If you know
17 the business, the parent corporation never goes on a lease.
18 We will have the parent corporation."

19 So the guy finally got wise, and he walked out. He
20 says, "You can keep the God-damned store." And I lost the
21 deal because I wasn't able to function properly.

22 And the man involved in that was a Mr. Harry Horowitz,
23 who's the real estate man representing the building. And they
24 missed their -- I think it's Rothenburg -- or a Mr. Neisman of
25 Bun and Burger could verify the deal.

1 Q Well, let's -- that's not that important.

2 A Well, all right. Now, getting back -- all right,
3 I'll try to make it brief. Getting back --

4 Q Do you see? Mr. Cohen, let me interrupt you for
5 a minute.

6 A Yes.

7 Q Don't lose your train of thought now, because
8 I want to hear what you have to say.

9 A Yes, okay.

10 Q I don't want you to feel that the burden is on
11 you to try to anticipate what information I want. And there-
12 fore, you give me -- you give me your statement on that basis.
13 I have certain specific questions that I want to ask of you,
14 too.

15 A Right. Fine.

16 Q I want you to tell me what you came here to tell
17 me. But if your statement doesn't include the information that
18 I seek, I'll ask you additional questions.

19 A Oh, fine.

20 Q Okay.

21 A It's more important to answer your questions, you
22 know.

23 Q Well, that's all right. I just wanted you to
24 know that the burden in that respect was not yours, okay?

25 A All right. Then I will say only this. It was

1 thrown up to me that I spent money and claimed deductions for
2 traveling and expenses that I was operating a business. Yes,
3 I was operating a business, but I wasn't operating. Because
4 when I got a customer, I didn't go through. I didn't follow
5 through.

6 Q Well, that -- what you mean then when you say,
7 yes, you were operating --

8 A I was a sick man. I tried to work.

9 Q -- is that these expenses were incurred and these
10 attempts to obtain business were incurred --

11 A That's right.

12 Q But the results -- the results were subject to
13 this account that you gave me --

14 A Right.

15 Q That as a result or as reflected in this account
16 that you gave me, typical examples of how you were function-
17 ing.

18 A In other words, a tough problem I ran away from.
19 I wanted to get out of the house and try to work so I would
20 go and make a lot of appointments to lunch with people that I
21 had no chance of getting business. So I spent money. I spent
22 it legitimately and honestly in attempt to make business. But
23 I didn't.

24 Aside from my income, from a little stock and a little
25 cash that I collected on a few old accounts that paid me, I

1 lived on that only. The only -- and my renewal income, and
2 I'll explain that. But I did not earn a single penny from
3 1971 until August of 1974, I earned a \$1700 commission on a
4 lease with Liberty Travel. And that was the first dollar that
5 I actually earned as earned income in my way of thinking. The
6 result of my efforts.

7 Q Now, let me -- let me see if I --

8 A May I add?

9 Q Okay.

10 A If I had these policies written by an agent, I
11 did not solicit it, I didn't get it. Does that mean that I
12 earned money? And it happened to be a substantial amount?
13 Does it mean that it's charged against a whole year -- I'm
14 not entitled to any Social Security?

15 Q What -- what do you mean that when you say you
16 didn't get it?

17 A I mean, I didn't solicit the business. My efforts
18 were not there to get it. And was it not for the general agent,
19 I never would have gotten it. It wasn't earned --

20 Q Let me see if I have the picture straight now.

21 A This isn't something that I earned by my labors
22 during that time.

23 Q Let me -- let's not get into what we mean by earned
24 and so on --

25 A Right.

Q Let me first try to nail down the facts.

A Right.

Q Now, this I gather is that situation of this friend that you thought was calling for --

A General insurance.

Q -- a-half-a-million dollars worth of premiums, but he had in mind only life insurance.

A Right.

Q Okay. Now, this is a situation then where the friend called you --

A Right.

Q And he had to call you several times.

A Right.

Q And you, because of your health, were not able to pursue it. And then you finally realized that and you called an agent and asked him to --

A To go out and see the customer.

Q -- go out and see the customer. Now, you finally participated, I think -- if I recall your testimony -- you participated in one meeting with the customer --

A That's right.

Q Where he offered to pick you up -- when the agent offered to pick you up. And you said, "never mind. I can meet you at the office." But --

A Right.

1 Q But that resulted in one meeting with the customer --

2 A After the deal was closed. That was merely a dis-
3 cussion to see whether we did the right thing. They wanted my
4 opinion.

5 Q I see. And then as a result of the agent's writ-
6 ing up the business, you received a --

7 A \$26,000 in commission the first year --

8 Q When was this? In --

9 A Part of it in '71 and part in '72.

10 Q Now, and your question is, really, would that be
11 considered business --

12 A Business income that --

13 Q Business income so that it might -- for the purpose
14 possibly of throwing you --

15 A Invalidating Social Security.

16 Q -- out on the Social Security.

17 A Right. I wasn't working at all.

18 Q Well, Mr. Cohen, I think that the answer to that
19 question may be, if not exactly what this case is all about.
20 It certainly would be a good chunk of what this case is all
21 about. And I wouldn't want to take the responsibility of giv-
22 ing you an offhand answer without studying your testimony in
23 the light of all the evidence so that I can have the whole pic-
24 ture before me.

25 But, if after that study, I should find that that is

1 income, then that would knock you out of the box to the ex-
2 tent that that income would eliminate retirement.

3 A I'm prepared for that. And I wasn't too adamant
4 about that. On the other hand, if that is income, and I
5 haven't worked, we'll say from prior to that, and the income
6 was received, we'll say, in May of 1972, then that should in-
7 validate the payments for that month only. Not the entire
8 year. I'm willing to go along with that. In other words, I
9 wasn't working. I got my check in May. Then I got income.
10 If it's considered income, fine. I don't collect my payment
11 for that month. But it shouldn't throw out my income for the
12 whole year.

13 And it doesn't make sense where a man can go ahead and
14 run a big business with 100 employees, and claim that he comes
15 in only once a week. And there's no checking up on it. And
16 earn \$100,000. He collects and I can't when I need it. If
17 I didn't have that, I'd be on welfare.

18 Q Hum --

19 A And I would have been able -- would have had to
20 take what Hofbar offered me instead of fighting. I still
21 haven't collected a penny.

22 Q All right. Let me ask --

23 A Since '72.

24 Q Let me ask you a few questions now along that line.

25 A Okay.

1 Q You submitted your copies of your income tax re-
2 ports for 1971, 2 and 3.

3 A Right.

4 Q Okay. And there joint accounts for you and your
5 wife --

6 A Yeah.

7 Q And you're listed as an insurance broker and your
8 wife is listed as a nurse.

9 A Right.

10 Q Okay?

11 A Right.

12 Q Now, on the income then, let's take -- let's take
13 '72.

14 A Right.

15 Q For example.

16 A Right.

17 Q Okay?

18 A Right.

19 Q Now, you have here in '72 on the joint account for
20 individual income tax return, "Wages, Salaries, Tips and Other
21 Employee Compensation" \$6,000.46.

22 A '72?

23 Q Yes. Here, I'll --

24 A Gee, I thought I had more than that. Okay.

25 Q Well, well, that's wages. And then income other

1 than wages, dividends, and interest is \$12,800. And that might
2 be the --

3 A The income from that one policy, possibly, yes.

4 Q From self-employment?

5 A Yes.

6 Q Profit and loss from business --

7 A Oh, yes, yes. I know it was much bigger than
8 that.

9 Q Well, here, wait a minute. There's something
10 here -- let's --. Let me bring it down in front of you --

11 A I think it would be very helpful. Because I'm
12 having an audit on my '71 taxes.

13 Q Stay where you are.

14 A Yes, I know what it is.

15 Q Because we're going over this together now.

16 A Right.

17 Q All right.

18 A That's my wife's salary, yes.

19 Q That's what I wanted to know.

20 A That's my wife's salary.

21 Q Your wife's salary is \$6,000, is that right?

22 A Yes.

23 Q At that time?

24 A Right.

25 Q Well, let me get my pen so I can make a note of

1 this.

2 A All right, here.

3 Q All right. On the 1972 tax --

4 A My wife earned \$6,000.

5 Q All right. Now, is the figure about the same on
6 the '73 tax and on the '71 tax?

7 A No, my wife -- I don't know when my wife quit.
8 But I want these reports if you can get them for me --. If
9 I can't find them, I'll be able to call on you.

10 Q Well, I can -- we can make copies --

11 A I won't ask you -- if I can't find them, then I'll
12 ask.

13 Q Oh, all right. Now, we're talking about '72 now.
14 But -- excuse me.

15 A Yeah, go ahead.

16 Q If you're going to ask me, do it before you get
17 your decision because once a decision is issued, this whole
18 file goes down to Washington.

19 A Yeah, oh yeah. Well, I'm going to look for it
20 next week. I had --

21 Q All right.

22 A -- an audit and they were asking me for \$1300,
23 which I know they're not entitled to because I never underpaid
24 my tax.

25 Q All right. Now, here in 1971, there are wages

1 listed as \$12,000 --

2 A. That's my wife.

3 Q (UNINTELLIGIBLE).

4 A. Right.

5 Q And in --

6 A. Here's one. You can see this here.

7 Q Well, let me -- let me first cover this.

8 A. Okay.

9 Q Now, in '73, there's nothing listed on wages. I
10 assume your wife -- oh, your wife was not working then, right?

11 A. That's right, yes.

12 Q So '73 would be all yours?

13 A. Right.

14 Q All right.

15 A. No, not all mine. She had income --

16 Q Well, aside from interest or dividends.

17 A. Yeah, that's it. Yeah.

18 Q All right. Now, let's take '72 again, because
19 that's what we started at. You see what you've got here?

20 A. This is my income.

21 Q You're pointing to \$27,402 --

22 A. Right.

23 Q And 95¢.

24 A. Right. Now, that's what I earned that year with-
25 out working.

1 Q Now, you say without working.

2 A Right.

3 Q And you see this -- does that mean --

4 A \$13,000. That's that business that I ran to spite
5 my wife.

6 Q That's a loss?

7 A And that's a loss. We closed that out.

8 Q All right, now. Are you saying that the \$27,000
9 some-odd income for 1972, when you say without working, you're
10 saying that that is all renewals --

11 A No.

12 Q -- except for, except for --

13 A This one big case.

14 Q That one big case --

15 A Which was about \$23,000.

16 Q Is that what you received --

17 A Yes,

18 Q -- in May of '72?

19 A I don't remember the exact year. But I received
20 a substantial check for about \$23,000 --

21 Q In one lump sum?

22 A Right. Now, the figures may be wrong, but it was
23 most of that income was this one policy, which originated in
24 August of 1971. It was paid after the first of the year. And
25 I got my check.

Q So that that would mean that your income from renewals when you subtract the \$23,000 from the \$27,000 and some odd would be some \$4,000 and some-odd?

A Yes, yes, yes.

Q And that would accord with that figure that you pointed in another year when you said, "That's what I lived on."

A That's right.

Q Is that right?

A That's right. I would have been down the booby-hatch if I didn't have this income along.

Q Now, let me -- let me ask this, Mr. Cohen.

A Are you picking me up on the mike here?

HEARING ASSISTANT: Yes.

CLAIMANT: Okay.

BY ADMINISTRATIVE LAW JUDGE:

Q For the period -- for the period June 1971 after you --

A Sold my business.

Q -- sold you your business until September 1974, when you could earn whatever you want without worrying about this --

A Right.

Q Because of age 72 --

A Right.

1 Q During that period now, was there any other in-
2 come that you had as a result of new business other than these
3 renewals?

4 A The only income that I earned as a result of all
5 my work was the lease signed by Liberty Travel Service that
6 was about \$1700. That's the only income that I earned since
7 1971, except for the life insurance.

8 Q When was this?

9 A Well, it's a deal that I worked on for about five
10 months. I believe I got my check in August of 1971. It was
11 deposited in my checking account. I can verify the date that
12 I deposited it.

13 Q Now, you worked -- you say you worked on it for
14 about five months, and you got your check in August 1971 to
15 the best of your recollection?

16 A Yes.

17 Q When -- which five months did you work on it?

18 A It would be from March until August. When I
19 say work, it means that I might have called the owner to find
20 out what he could use. And then I'd call the tenant to see
21 if he's still interested. And then call the owner. It might
22 have been a call every two weeks, every three weeks. But it
23 extended over a period of a month. Or five months, I believe.
24 I have files. I can --

25 Q All right. Now, you say that the only new business

1 then is the -- your income from the signing of this lease
2 by Liberty Travel?

3 A. That's right. That's the only --

4 Q Plus -- plus this \$23,000.

5 A. It was plus more than that. It's a total of about
6 \$47,000. \$23,000 is only one.

7 Q All right. When did you get the rest?

8 A. In '71.

9 Q When in '71?

10 A. Maybe around November of '71.

11 Q And when was the deal closed?

12 A. It was this same deal. Let me explain it.

13 Q Which same deal?

14 A. The one that I'm talking about.

15 Q Not the Liberty Travel?

16 A. No, no.

17 Q The other one.

18 A. The one about the life insurance.

19 Q Right. The \$23,000 first payment one.

20 A. Right. That represented Mohawk Constructors. And
21 it represented insurance on two partners. One went through in
22 August and the other one didn't start until December of '71.
23 In other words, there were two partners.

24 Q Yes. And I know that -- let's hold for just a
25 minute. All right, now. I know that it may be a little

1 disconcerting to you after you're having given me such detail
2 on this deal for me to ask you when did you work on this.

3 A No. That's perfectly all right.

4 Q But I have it in the record, but I'd like to get
5 it now so I can continue on my train of thought.

6 A All right.

7 Q Can you recall over what period of time --

8 A I worked on this life insurance?

9 Q Yes.

10 A I didn't work on it at all.

11 Q Well, all right. I mean, that it was pending.

12 When was the time that the --

13 A It was pending from August of '71 until January
14 of '72, before it was finalized.

15 Q Okay. So that this friend first called you in
16 August of '71 --

17 A That's right. And the policy on Mr. Aradios
18 (phonetic) was written first. And subsequently his partner,
19 Mr. Miller, says, "I'd like you to handle my end of it." And
20 then we worked on his. When I say worked, it meant my calling
21 up John Hancock and Newman Agency.

22 Q And also -- and also, you're not calling many
23 times when ordinarily you might have because that's the point
24 of your narration, is that right?

25 A I'll just tell you one example. I made an

1 appointment to go over to see him. And I never kept the ap-
2 pointment, and I never even called him. He called me back.
3 Finally, he called me. He asked me to come out. I says,
4 "I haven't got a car." There's a guy waiting for a million
5 six hundred and fifty thousand dollars worth of insurance and
6 premiums of \$126,000 a year, and I didn't go out to see him.
7 Finally, he says, "I'll send a car to meet you at Newark."
8 And I didn't keep that appointment. And finally he called me
9 up, says, "Mike," he says, "you think you're well enough to
10 see me. I'll meet you at the Plaza Hotel." And my wife had
11 to get dressed and take me down to the Plaza Hotel. And he's
12 such a nice guy. He wasn't a personal friend. His partner
13 was. "Mike, do you think it's all right to bother you with
14 business or we can let it go. But we got to take -- we got
15 to do something. We want this insurance." And you're free
16 to call him. I'll give you his number and verify anything
17 you want.

18 Q All right.

19 A I have letters from both agencies.

20 Q All right. Now, --

21 A Just as an offhand opinion, I earned this money
22 without working. It amounts to a substantial amount. I lived
23 on it. I'm not denying it. I'm not hiding it. If it is de-
24 termined as income, would it knock out my payments for the
25 entire year in your opinion? Or in my opinion, at worst it

1 should only knock out that year in which -- that month in which
2 I was supposedly working. If I got it in the month of May,
3 if it's income due to services in their opinion, I should lose
4 that month only and nothing else. Except for one little brief
5 statement, I'm finished. I'm here to answer any questions.

6 Q Well, Mr. Cohen, if you're asking me the answer
7 to that question again, I don't --

8 A I'm not tying you down for a final decision. I'm
9 just asking your offhand opinion.

10 Q Well, --

11 A Without binding you or me.

12 Q I tell you. I don't feel that confident on even
13 that limited situation to be able to give you an answer.

14 A That's perfectly okay. After the hearing is
15 over, I'll ask it to you. It'll be off the record --

16 Q No, no. I tell you. I tell you I won't because --

17 A Okay. Good enough.

18 Q -- I won't be able to.

19 A All right.

20 Q Because I just have to give this a lot of serious
21 study. You've raised some points that I -- frankly I haven't
22 encountered before. A man who's supposed to be working and
23 who just going through the motions --

24 A I walked around like a zombie.

25 Q -- and was going through the motions. And who's

1 a shell, and not a man -- according to your statement -- oper-
2 ating as a businessman.

3 Now, this raises some questions that I've never en-
4 countered before. And I want to give them serious considera-
5 tion -- this consideration that they merit. Rather than giv-
6 ing you an offhand intellectually flippant kind of an answer.

7 A Well, I'm willing to take an offhand opinion --

8 Q No. I'm not --

9 A I don't bind you in any way.

10 Q Let's just leave it at that. Now --

11 A I'm finished with the exception with one little
12 statement. And I'll answer your questions. Then I want to
13 make a brief statement.

14 Q Okay.

15 A You want my statement or do you want -- have any
16 more questions.

17 Q Well, let me -- let me ask some more questions
18 now. You say that with respect to this one big deal involving
19 some \$47,000 --

20 A In first year's commissions plus renewals -- it
21 involves about \$120,000.

22 Q Oh, so it's \$47,000 --

23 A The first year.

24 Q And then there are renewals --

25 A Plus renewals for nine years. I'm afraid I might

1 outlive them.

2 Q All right. Now, are we down to this then?

3 A Yes.

4 Q That the only new business -- the only new busi-
5 ness after June of '71 and up to September of '74, the only
6 new business income that you had was the \$47,000 plus renew-
7 als from this big insurance deal --

8 A Yes.

9 Q And the \$1700 from Liberty Travel, period. Is
10 that right?

11 A I will just make one addition. There might have
12 been one or two other cases, and I don't know whether they
13 written before or after June. They're written by Tom Stamitz
14 (phonetic). One was for a fellow by the name of Vlahikis,
15 V-l-a-h-i-k-i-s. These cases, if they do come in the period,
16 represented only a few dollars.

17 Q Now, would you have -- when you get home, would
18 you have records where you would be able to --

19 A I have this -- I have this statement right here.
20 And I think it's in your files, showing the income earned from
21 John Hancock. And I think you have a copy of that.

22 Q Would that include the Vlahikis?

23 A Yes, it would include everything.

24 Q All right. Let's go off the record for a moment.

25 (Off the record discussion.)

1 BY ADMINISTRATIVE LAW JUDGE:

2 Q All right. While we were off the record, Mr.
3 Cohen went through his files, and came up with some documents
4 in connection with the income discussion that we're on now.
5 I'm going to receive these documents into evidence. The
6 first one and this is now Exhibit 23, is a letter from John
7 Hancock, Mutual Life Insurance Company, through the Shirting
8 Agency to Mr. Cohen, dated August 23, 1973. That will be re-
9 ceived as Exhibit 23.

10 (Exhibit 23, having been marked and described above,
11 was received into evidence and made a part of the record here-
12 of.)

13 ADMINISTRATIVE LAW JUDGE: Now, in connection with
14 this -- the letter, Mr. Cohen, this is the one that says for
15 the calendar year 1971, there were new commissions of \$11,000
16 some-odd and renewal commissions of so much and so much. Now,
17 is this correct? That with respect to the new commissions,
18 these -- this \$11,000 some-odd was all or substantially all --

19 CLAIMANT: Substantially all --

20 ADMINISTRATIVE LAW JUDGE: -- after --

21 CLAIMANT: After August of '71. Or after July, if that's
22 the cut-off date.

23 ADMINISTRATIVE LAW JUDGE: After July of '71 --

24 CLAIMANT: Right.

25 BY ADMINISTRATIVE LAW JUDGE:

1 Q After July of '71 --

2 A Right.

3 Q And this was in connection with the Miller - Aran-
4 io life insurance deal that we spoke about?

5 A Yes.

6 Q That's one of the one-shot affairs?

7 A Yes. That's the one that resulted in the total
8 commission of \$47,000 plus nine-year renewals.

9 Q Yes. All right. That's Exhibit 23. Now, Exhibit
10 24 is received, and this is a letter from the National Life
11 Insurance Company to Mr. Cohen, dated 3/22/74. And it has
12 a list of earnings by you, Mr. Cohen, for 1972 and 1973 com-
13 missions. And these all pertain still to that Miller - Aranio
14 \$47,000 commission --

15 A Right.

16 Q -- deal. Is that right?

17 A Only the first year commission plus at that time
18 in '73, some renewals. But it's all in connection with that
19 case.

20 Q Okay.

21 (Exhibit 24, having been marked and described above,
22 was received into evidence and made a part of the record here-
23 of.)

24 Q Now, they have a list of dates and policy numbers
25 and commissions received next to those dates. In other words,

1 for 12/31/72, they list commissions earned \$3,054. Now, does
2 that mean that on these dates -- and I'm going to bring this
3 down to you to make sure you know what I'm talking about. Does
4 this mean that on 12/31/72, you received this amount of \$3,054.40?

5 A I don't know when I received it. They might show
6 it on their records according to the dates that they cleared.
7 But there was payments received on or about that time on Mil-
8 ler's policy and Aranio's. These are not various payments.
9 These are adjustments. This commission I received in '72 is
10 correct. The total --

11 Q Yes.

12 A The total is correct.

13 Q But you received this approximately --

14 A And this is --

15 Q And this I'm asking. You didn't receive that as
16 a lump sum, did you? The \$27,000?

17 A Most of it, yes. I didn't receive any partial
18 payments here. I forget exactly how this money did come in,
19 but I did receive these amounts.

20 Q Well, that's the total.

21 A Yes.

22 Q But my question is do you remember whether you
23 received it as one lump sum of \$27,000 some-odd or was it
24 broken down --

25 A It wasn't broken down this way. It might have been

1 two or three payments.

2 Q I see. Okay. So this listing is accurate in toto,
3 but not paid that way.

4 A Right.

5 Q Okay. All right. Exhibit 24 is received.

6 (As noted above, Exhibit 24 was received into evidence.)

7 Q And finally, we have as Exhibit 25, another letter
8 from National Life Insurance Company to Mr. Cohen. This one
9 dated April 2, 1974, explaining the circumstances or relating
10 to the circumstances under which these policies were written.
11 And the explanation seems to accord pretty much with the one
12 that you gave us --

13 A Yeah.

14 Q In greater detail. All right. That will be re-
15 ceived as Exhibit 25.

16 (Exhibit 25, having been marked and described above,
17 was received into evidence and made a part of the record here-
18 of.)

19 Q And now my question is, do these letters, Ex-
20 hibits 23, 24, and 25, do they reflect all the new business
21 that you received income on from after June of '71 to September
22 of '74?

23 A It represents all the life insurance income that
24 I received. The only other income that I had was the partial
25 payments from Hofbar. And that was for the sale of my business.

1 So I had no income aside from that, and no income as a result
2 of any services performed by me.

3 Q Now, I don't want to get into this matter of what
4 constitutes services again, Mr. Cohen --

5 A Yes.

6 Q -- because that's what we're here for, to deter-
7 mine. But I would like -- I would like an answer to my ques-
8 tion. And I'd like to work out with you so that we get around
9 and we're not possibly talking about two different things.
10 You on what you consider income or no income, and I on what I
11 might consider income or no income.

12 When I talk about income, I'm not talking about money
13 that comes in -- or I'm not limiting it to money that comes
14 in that you think you earned and worked for. I mean money
15 that comes in, even including this thing where an agent may
16 have written it for you. But where you were paid, neverthe-
17 less.

18 A I had no other income except that received from
19 the few stocks that I had, what is listed in those two compan-
20 ies, and what I've gotten from Hofbar.

21 Q Which two companies. The National Life and --

22 A National Life and John Hancock.

23 Q John Hancock.

24 A I had no other income.

25 Q All right. Now, and does that go through August

1 of 1974?

2 A Yes.

3 Q Because these letters don't extend that far.

4 A Right. It goes right through to the present date.
5 I'm working on some very nice deals. I hope they'll go through.
6 But that is the only thing that I earned since '71.

7 Q Now, do you remember receiving this -- a reconsid-
8 eration determination -- a copy of this reconsideration deter-
9 mination where they told you why you weren't going to receive
10 any retirement benefits? Right here. Let me show you a copy
11 here.

12 A Okay.

13 Q This four page thing. Do you remember receiving
14 this?

15 A I believe so. I don't remember whether it was
16 four pages. I remember receiving the lot, yes.

17 Q Well, all right. Well, maybe it was even more
18 than four. But I direct your attention to the last paragraph
19 on page 3 --

20 A Right.

21 Q -- where they itemize your hospitalization, period
22 of hospitalization, and say that they're going to pay you for
23 that.

24 A Right.

25 Q Okay. Now, are those times and dates and figures

1 times and dates -- are they correct or are there additional
2 periods of hospitalization when you were undoubtedly out of
3 it by any reckoning?

4 A There were periods for months when I sneaked in-
5 to the office on a Sunday, and paid my bills. I went in once --
6 I went down to the office on a Saturday and left the check for
7 my boy, who was working for me. That went on for months prior
8 to '71.

9 Q No, no.

10 A In '71, we have that income. In '72, there is no
11 basis for saying that I worked, I did work.

12 Q Mr. Cohen?

13 A Yes?

14 Q Let's not get into that now because I'm aware
15 that you're continually, all the time, claiming that you didn't
16 work. And you've given us a good account of why you consider
17 that was so. Okay. But what I'm asking you is here in this
18 document, the administration has conceded that you were en-
19 titled to retirement benefits for certain months that you
20 were in the hospital, and they list the times --

21 A Right.

22 Q -- there. Do you see that?

23 A Yes.

24 Q Now, I want to make sure that at worst, for you,
25 that at least you're getting retirement benefits for the time

1 that you were hospitalized. And so my question is --

2 A. That I got already.

3 Q -- this --. Yes. But this enumeration that they
4 have here, is that complete for the period of your hospitaliza-
5 tion or did they leave out any --

6 A. No.

7 Q -- that you should have reimbursed for --

8 A. No. The hospitalization is complete.

9 Q. Okay. All right.

10 A. That I got in November, I think.

11 Q. That's the only question I have on this now.

12 A. I only want to make one brief statement about
13 that. If I may now, it took me one year to collect for the
14 time I was in the hospital. And they had a nerve, after pro-
15 mising it to me on a half-a-dozen occasions, to tell me that
16 they wouldn't pay it to me or discuss my case unless I signed
17 a waiver. I think that was criminal. If I had a gun with me
18 that time when I spoke to them, I would have shot them.

19 Q. Unless you signed a waiver to what?

20 A. Signed a waiver to all the other months. In
21 other words, they agreed to pay me only for the actual time
22 I was in the hospital. And they would only pay me that if I
23 signed a waiver to all other months --

24 Q. Well, you didn't sign the waiver, did you?

25 A. Definitely not. I wasn't that crazy.

1 Q And they did pay you?

2 A After months. You-- you go through the record
3 at your leisure. See how many letters and how many phone calls.
4 The phone calls can't be listed. That thing almost drove me
5 nuts. First my wife was goading me. "Everybody else collects
6 but you." As if I was a dope because I didn't collect. And
7 there was -- you see me running up the walls. She said, "Calm
8 down. It's only money. Don't worry. Your neighbor collects.
9 Why can't you?" I said, "You go and collect it for me."

10 Q All right, now, Mr. Cohen, for the period of time
11 then, from June '71 to September of '74, when you were not
12 in the hospital -- do you have that now?

13 A Yes.

14 Q When you were not in the hospital --

15 A Right.

16 Q Is it your testimony that during that entire per-
17 iod of time you were functioning on the basis that you just
18 indicated throughout the hearing?

19 A Throughout that period, yes.

20 Q Okay.

21 A And you can verify that.

22 Q Okay.

23 A If you want to, I'll give you just one illistra-
24 tion.

25 Q Well, could you hold it a minute now while I make

1 a note of this.

2 A Okay.

3 Q All right.

4 A In May of '72, I wasn't sick. I get my years --
5 May of '73, I had enough. And I told my wife I was going
6 away for a weekend. She never wanted to come anyplace with
7 me. So I drove up to Manor Lodge by myself on a Declaration
8 Day Weekend. I started back home, and I thought to myself,
9 "What the hell do I want to go home for. I have nothing
10 there. Nothing but abuse, physically, mentally. And in every
11 way. I don't like to live the way I have been. I love the
12 country." And as I was driving back through the Connecticut
13 hills, I stopped off in New Britain, Connecticut, because I had
14 a brother living there. But not to visit him. And I had
15 breakfast. And I had decided that I was going to stay and
16 get started in New Britain. The luncheonette place was next
17 to a factory owned by Magson's Uniforms. And as I finished
18 my breakfast, and I walked out. And there's big sign, "Real
19 Estate for Sale. Apply Mag Realty." I don't want to burden
20 the record, but I walked into see Mr. Morton Mag. I spend 15
21 minutes talking to him. And he says, "You're the man we're
22 waiting for. Come next door. I got an office for you." I
23 says, "But I don't want to pay any rent." He said, "I didn't
24 ask for any rent. This is a deal. Here's the office. I'll
25 give you exclusive representation --. And I don't know if

1 you know what that means. It's money in the bank. We have
2 20 million dollars worth of property. I wanted you to sell it
3 for us. When and if you sell any of our property, then you'll
4 pay us the rent. But if you make a deal on somebody else's
5 property, you don't owe us a thing. You don't owe us a
6 thing."

7 So I went back and called my brother. Spent the night
8 with him. The next morning, I found a room in a motel. Well,
9 that was the biggest mistake I made. And I decided that I
10 wasn't going back home. I stayed in the motel for four months.
11 I never went into the office that I had rent-free. And I lost
12 a chance of making a lot of money.

13 Now, they told me I was working because I had an of-
14 fice. Is that work in your opinion? And you can write the
15 man. I had an office for four months and I never went there.
16 I put in a telephone --

17 Q Why didn't you go in?

18 A Because I got into the hotel -- the motel room.
19 It was like being in a cell. I had no one to talk to, except
20 for a few minutes when the landlord came by when he came home
21 from work and went into his place. And I sneaked out some-
22 times in my pajamas to buy a bottle of milk. I lived on milk
23 and cereal for a couple of weeks trying to conserve the few
24 dollars I had with me. And I stayed there for four months
25 under those conditions.

1 Q And you never went into the office?

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2 A I went in maybe two or three times. I sneaked in
3 on a Sunday to take a look at the mail. And including in mail,
4 it was a check for renewal. It was for \$2300 that was there
5 for two months that I didn't find it until I got back to New
6 York when my son came up and moved me back. So I was told
7 because I had an office and because I had a telephone -- I
8 paid the deposit for the telephone. I never used it. I made
9 two calls there on a Sunday.

10 Q And are you testifying then, Mr. Cohen, that the
11 reason that you didn't go in, the reason you didn't leave the
12 motel except for the times that you sneaked out was because
13 your illness grabbed a hold of you again?

14 A There would be no other explanation. I wanted to
15 stay in Connecticut. I wanted to make some money. I needed
16 company. A couple of young kids in the room next door, one
17 night, that was the only entertainment I had. I invited
18 them in. I went out and got some sandwiches and a couple of
19 bottles of wine. That was the only one I spoke to for three
20 or four months. I drove around to see some customers. I saw
21 them. I had appointments to get back to see them. I never
22 went back. I never kept the appointment.

23 Q Let me ask you this. Did you see a doctor or get
24 any treatment at all for this illness?

25 A No.

1 Q How come?

2 A None except during the hospital stay.

3 Q Where did you stay at the hospital?

4 A Mt. Sinai.

5 Q Here in New York?

6 A Yes.

7 Q Each time?

8 A Yes. That's the only treatment I ever got. A

9 Dr. Asch (phonetic) was the man I saw for the first time.

10 Q Dr. Asch?

11 A A-s-c-h.

12 Q Yes.

13 A Of East 88th Street. My wife brought me down to
14 see him, and they put me in the hospital immediately. And
15 then my only other medical treatment was at the hospital, in
16 the psychiatric ward. The clinic -- the Clingenstein (phonetic)
17 Clinic.

18 And I was treated by a Dr. Stangler, S-t-a-n-g-l-e-r.

19 And a Dr. Fisher. I've never seen anybody on the outside.

20 Q Would you have any objection about trying to get
21 the records and furnishing them to us?

22 A I'd be very happy if you did get them.

23 Q Do we have the evidence for that, Miss Heiss?

24 HEARING ASSISTANT: I really didn't check that.

25 ADMINISTRATIVE LAW JUDGE: Well, in any event, will

1 you get one before we leave?

2 BY ADMINISTRATIVE LAW JUDGE:

3 Q Mr. Cohen, when we're through here, will you hang
4 around for just a minute --

5 A Yes.

6 Q -- so that we can get a release from you that
7 would authorize them to release the records, in case I want
8 them. I'm not sure, but in case I want them.

9 A I have no objection.

10 Q Okay? All right. Now, how about earnings for
11 1974? Any? Aside -- that is --

12 A None except that one case I told -- Liberty Tra-
13 vel. That was in '74.

14 Q That was in '74?

15 A Yeah.

16 Q Plus whatever renewals you've (UNINTELLIGIBLE) --

17 A Plus renewals, that's right. And plus a little
18 dividends on stocks.

19 Q And did you tell me when in 1974, did you receive
20 that Liberty Travel?

21 A I think I told you that. I think it's August.

22 Q Of '74? This past August?

23 A Yes.

24 Q Okay. Now, aside from this Mag Realty in New
25 Britain, Connecticut, did you rent or share any office or place

1 of business from June of '71 to September of '74, other than
2 the Hofbar? That is, other than the Mag Realty and the Hof-
3 bar?

4 A The National Life, the John A. Newman Agency,
5 gave me a tiny cubbyhole rent free, as an agent, until they
6 kicked me out a couple of months later. I paid them no rent.
7 I did no business. Now, I don't think that's working.

8 Q What year was this? When was this?

9 A '72. I think from January '72, I had some stuff
10 in his office. And when I took sick, I pleaded with him. I
11 said, "Wait until I come down. You made enough money on me.
12 Wait until I'm able to come down, and I want to go through the
13 stuff myself." And he said, "No, I got to have it out by the
14 end of the week." There's a guy that made \$50,000 on you.
15 That's the treatment I got.

16 Q And this was when again? Tell me, in '72?

17 A I was in his office from January 'til March of
18 '72. That's after Hofbar threw me out. However, my dates may
19 be wrong, but it was after I got thrown out by Hofbar. And
20 I moved the stuff in there.

21 Q Now, does that do it then for offices that you
22 had?

23 A Yes.

24 Q Hofbar, Newman -- to whatever extent you --

25 A Right. Newman for a couple of months. No rent.

1 Q And Maggie Agency? And Mag Agency?

2 A Right.

3 Q Just those three?

4 A That's right. I had no jobs.

5 Q What about this obligation that you had to appear
6 two days a week? Did you appear two days a week or did you
7 not or did you start to appear two days a week, and then be-
8 cause of possibly --

9 A I never did appear there because the very first
10 day after they got the contract signed I came down to my
11 office. And I see them throwing papers around. I see them
12 arranging to make renewals on the basis of the way they ran
13 the system. I said, "It's not going to work that way. My
14 files are not up-to-date, but I do have an expiration book.
15 And they refused to talk to me, and that's what triggered the
16 situation that I was in.

17 And so, when I was able to get down to them, as I ex-
18 plained before, I was always treated very shabbily. And on
19 and off, I stayed away sometimes for a couple of weeks.

20 Towards the end, I had gotten ahold of myself and
21 realized that to protect the little bit that I had there, I
22 should show up. I started working steadily, and at that time
23 they threw me out. I'm sorry I didn't bring back my file on
24 relations with Hofbar 'cause I have to sue them to get the
25 monies that is due me.

1 Q And when was it, now, tell me again that they
2 threw you out?

3 A December of '6- -- '71.

4 Q Okay. Now, there's something here on desk space
5 at an office around March of '72 --

6 A That's not what I'm talking about.

7 Q And that would be the Newman Agency?

8 A Newman Agency, yes.

9 Q Okay.

10 A Yes, instead of January, I think I stayed home a
11 couple of months. And then around March, I moved into Newman's
12 and I stayed there 'til May. And when he threw me out, then
13 I decided I needed a rest. I went up to Manor Lodge.

14 Q And the office that appears -- that appears some
15 reference to which appears in the file here in Connecticut is
16 the Mag Agency?

17 A Mag Agency, which I paid no rent and which I did
18 not appear. I put in a phone and made no calls.

19 Q And this Newman Agency is the one at 135 Williams
20 Street?

21 A That's right. They're the agents for the National
22 Life.

23 Q All right, now, there's a letter in the file here
24 from you --

25 A Yes.

1 Q -- of January 9, 1974, where you say, " I have no
2 office since December of '71." That's the date that you were
3 kicked out.

4 A Right.

5 Q I guess -- and you tell me, in light of the New-
6 man Agency and the Mag Agency Office, what you mean there --
7 and I'm just sort of (UNINTELLIGIBLE) --

8 A I had no operating office. In other words, if
9 Newman says, "You can bring your files down there." And I
10 didn't show up. And then he threw me out. And at Mags says,
11 "Here's an office," which I paid no rent. And then I didn't --
12 couldn't even function to take advantage of it, not only an
13 office but a connection that was worth a lot of money. He's
14 one of the wealthiest men in the town of New Britain. I don't
15 call that an office. I don't think I was doing business.

16 Q All right. If I wanted to hide something, I'd
17 go into to tell it to them. I wouldn't send them letters. I
18 know that much.

19 Q Let me say this now, Mr. Cohen. From the way it
20 shapes up now, you see, whichever way this thing is decided,
21 and at this stage, I can tell you I have no idea of how this
22 is going to be decided -- because of this what to me is a novel
23 issue.

24 A Yeah.

25 Q You see? Whichever way it's going to be decided,

1 the way it shapes up now -- and this I will give you off the
2 top of my head --

3 A I'm not holding you to that.

4 Q I don't see -- well, I'm not making any commit-
5 ment, but I want you to know. I don't see that what we have
6 here is any matter of credibility. I don't think that any-
7 body's calling you a liar. I don't think --

8 A No, I don't say --

9 Q -- anybody is disbelieving you.

10 A Yeah.

11 Q I think that what we have here is an interpreta-
12 tion or at least, this is the way it shapes up to me now. An
13 interpretation of what's considered work, do you see?

14 A I agree with you there.

15 Q You've -- you apparently have worked hard all your
16 life, and worked hard for every buck that you got. You had
17 to push insurance, I gather, in a good many cases certainly.
18 And that when you were limited because of your health --
19 and this is the way it seems to me now, if I'm going to accept
20 your testimony -- and right now I see no reason why not to in
21 this regard -- when you were limited because of health reasons
22 so that whatever occasional deal came through to you almost
23 despite your efforts, whenever it came through, you didn't really
24 consider having come through as what you consider -- as a result
25 of what you consider work. It came through through whatever.

1 A That's a correct statement. It's a dividend,
2 that's right.

3 Q Whatever. Now, so I want to tell you that which-
4 ever way this is going to be decided -- if it works -- if it
5 goes against you, if the way the issues present themselves when
6 I come to write my decision as they seem to present themselves
7 now. We're not talking about credibility. We're talking about,
8 well, interpretations of the regulations and the law. Now,
9 that's the way it seems now. Of course, I intend to give this
10 a lot of serious study. And then we'll see what comes out of
11 it.

12 Now, is there anything else that you want to tell me?
13 I don't think I have any further questions to ask of you at
14 this time?

15 A No, I have no objection to what has happened here.
16 I have no worry about having said anything that might prejudice
17 my case, because I only told the facts that I want my case
18 based on the facts. I expect a favorable decision. If it isn't,
19 I'd like to know the reasons. And if I need an attorney to
20 help me at that time, I'll need it. So far, I'm willing to
21 give the facts.

22 Q Okay. Now, let me ask you this now. I notice
23 here looking through something. There's something in -- in-
24 formation which you're alleged to have told, given one of the
25 representatives down at the Social Security District Office.

1 A. Yes.

2 Q Something to the effect that you're expecting to
3 open an office at 505 Fifth Avenue, where you were going to
4 work two days a week. Can you tell me something about that?

5 A All right. Yes, I'll tell you all about it. That
6 I got completely. When things go bad, you get it from every
7 side. I'm not crying. I made my own decisions, and I can
8 always pay the price. I continued a business at a loss, first
9 of all, because I had no place to go at home. And I was glad
10 to get away. And even though it was a headache, at least I
11 was away from my wife for a day. And also I had a woman, who
12 my wife told me had cancer. And I didn't want to close up the
13 store. So I worked like a slave all day in the insurance
14 business all week. And whatever I made in the insurance, I
15 lost in the store in Connecticut. And that's the truth.

16 Q What was that? You had an investment?

17 A I opened up a chain of dress stores to help my
18 brother.

19 Q I see.

20 A And he took me for a ride. Not that he stole my
21 money. But like he did everything else. He neglected. We
22 built up a beautiful chain. It should have been a million dol-
23 lar proposition. But he just could not be relied on. And it
24 ended up by having to file an extension of the Chapter 11. And
25 I was lucky I wasn't forced into bankruptcy.

1 Q So this that you're telling me now is prior to
2 June of '71?

3 A Right. But I lost every penny. I worked for 13
4 12 years before I dumped it. And my wife kept nagging me,
5 "Why don't you drop the store?" I said, "The store is good
6 for me. It's cheaper than a psychiatrist. I lose \$5,000 a
7 year. At least I can go there and I can talk to somebody that's
8 pleasant." And I didn't close it up until the landlord leased
9 the store over my head. Now, that's how meshuga (phonetic) I
10 was. Now, --

11 Q Okay.

12 A -- if the Government holds me up, I think I can
13 get evidence to show that I wasn't functioning going back prior
14 to '71.

15 Q Well, excuse me. You started to tell me about 505
16 Williams.

17 A Oh, yeah. Getting back to 505, just say -- my
18 son organized that concern. It's First Atlantic Realty. And
19 then left them. I had given them my real estate license to
20 use because none of the men that started that firm had a
21 broker's license. They were salesmen only. And every time
22 there was a deal, I had to run up and sign the papers for them
23 and sign over the checks. When this situation arose at Mr.
24 Newman's office, where I saw I had to get up, I went up to
25 see this fellow that was running this business. He said,

1 "Sure, you come with me." Now, I would have been an asset, too,
2 because there isn't anybody in the real estate business I
3 don't know. And for the use of a desk space, he would have
4 half of my commissions. And the arrangement was made. I al-
5 ready had my telephone ordered, an extra phone for my own
6 messages. And I went up to see him. And he says, "I can get
7 \$255 a month for the office." I said, "But that is not our
8 deal." He said, "I'll let you have it for \$215." So I turned
9 around and walked out on him. So that's the office I had there.
10 I never sat there. I had my stuff moved out, and so I had to
11 move them up -- I forget where I moved them at that time.

12 Q Who was the man?

13 A What's that?

14 Q Who was the man?

15 A Jack -- what was his last name -- his name used
16 to be Cohen. He's no relation of mine. I can get his name if
17 it's important.

18 Q No, that's all right. Just Jack. He's the one
19 at First Atlantic, at 505?

20 A That's right. Oh, yeah, that's right. When that
21 thing blew up -- here I think at least I'll have a place to
22 put my records. Then I decided I was going to leave it all.
23 And I ran up to Manor Lodge. That must have been around the
24 middle of May.

25 Q Of '73?

1 A What I'd say? '72? It must have been '72, First
2 Atlantic.

3 Q All right. Is there anything -- anything else
4 that you want to tell me?

5 A That's all. I told you about the request to sign
6 a waiver, and that's something I feel very indignant about.
7 And also the fact that it took me a year-and-a-half to collect
8 for the time I was in the hospital. That is unconscionable.
9 If I didn't have the good fortune to have this big life case
10 come through, maybe I never would have been able to recover
11 because I certainly didn't want to go on welfare. What would
12 have happened to me, I don't know. And I think that's a crime.
13 And whoever is responsible for it should be punished -- pun-
14 ished, every one of them.

15 Q Well, --

16 A And it's in the record. About that I feel very
17 bitter.

18 Q I don't know what I can tell you about that, Mr.
19 Cohen. I don't like to tell you that there's nothing I can do
20 about that.

21 A I don't expect anything to be done.

22 Q But there is nothing I can do about that. If in-
23 deed, it occurred the way you say, why, I can understand your
24 bitterness. Ordinarily, it doesn't work that way. It may be
25 that the payments for your hospital -- for the period that you

1 were in the hospital were held up because of the complications
2 arising from the overall case. That's conceivable.

3 In spite of the overall case, I'm still entitled
4 to be paid.

5 Q I can't explain. I can't apologize. It's not my
6 area. I don't speak from knowledge of any facts on this. I
don't know. I'm sorry it had to happen to you.

8 A Listen, I realize your function is just judicial
9 in connection with the matter at hand.

10 Q Let me ask you this now. There's something in
11 here, a signed statement from you, where you say you were hos-
12 pitalized in September '73, and then -- and there's some refer-
13 ence to a day patient, until early December of '73?

14 A Yes. I had to come back every day and stay there.
15 In other words, I was allowed to go home.

16 Q I see. When were you -- when were you released
17 from the hospital, discharged from the hospital after you
18 went to it in September of '73?

19 A Well, I've never been released. I've been doing
20 there steadily. But I have never been confined, or never had
21 any treatment. I just go there to talk to them and get my
22 medication. That's all.

23 Q You still go there?

24 A Yes.

25 Q Okay. All right. All right, there being nothing

1 else -- oh, let me say this. I'll try to get my decision out-

2 A I'm in no rush now. I'm getting my Social Secu-
3 rity, and I hope there's going to be some money coming in --

4 Q Well, we -- well, you're entitled to get a deci-
5 sion in the next few weeks. But if I have to -- if I see fit
6 in connection with the overall thing, to write away to Mt.
7 Sinai for those hospital records --

8 A I have no objections.

9 Q Why, then, of course it'll take longer. And I
10 don't know how much longer, because I don't know how long
11 it'll take for them to get those records to me.

12 A Generally, they put them out very promptly. They
13 have good staff there.

14 Q So -- however, if I see that it's going to be a
15 rather substantial period of time before I can get my decision
16 out, I'll let you know again.

17 A Okay. Okay. That's good enough. As I say, time
18 is not of the essence now. It was months ago, when I didn't
19 know if I was going to have enough money to pay my next month's
20 rent. And it's a hell of a way to be for someone who's made
21 a good living all his life --

22 Q Yes.

23 A And never chiseled.

24 Q Yes. All right. There being nothing else then,
25 the hearing will be closed.

Now, you'll remember to wait around to give us that?

A Yes.

(The hearing was closed at 11:30 a.m.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that
it is a true and complete transcription of the testi-
mony recorded at the hearing held in the above case
before Administrative Law Judge Milton Pravitz.

John Talamo
Transcriber



APPLICATION FOR RETIREMENT INSURANCE BENEFITS*

*Provided by Section 202(a) of the Social Security Act, as amended

If you are awarded monthly benefits based on this application, you will be automatically entitled at age 65 to hospital insurance protection. (However, hospital benefits are not payable for hospital services furnished before July 1, 1966.) In addition, this application form may be used for enrollment in the Supplementary Medical Insurance Benefits plan.

Form approved.
Budget Bureau No. 72-2123.17.

(Do not write in this space)

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NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

I hereby apply for entitlement to all insurance benefits which may be payable to me under Titles II and XVIII of the Social Security Act, as amended.

1. Enter your full name MERVIN J. COHEN	☒ Male ☐ Female	Enter your Social Security Number 085 28 9528
2. Enter your date of birth (show month, day, and year) SEPT. 26, 1902	Enter the name of the State or foreign country where you were born Mass.	
3. Enter your father's full name HENRY COHEN	Enter your mother's full name at her birth (her maiden name) JENNIE LEVINE	
4. (a) Check whether you are: ☒ MARRIED (Whether living together or separated) ☐ WIDOWED ☐ DIVORCED ☐ SINGLE (If you are now "MARRIED" or "WIDOWED," complete (b) and (c). If you checked "SINGLE" or "DIVORCED," go on to item 5.)		
(b) ENTER YOUR WIFE'S MAIDEN NAME OR YOUR HUSBAND'S NAME MARY E. DUGAN	DATE OF BIRTH (If Unknown, give age) FEB. 13, 1910	DATE OF MARRIAGE AUG. 1, 1910
		YOUR WIFE'S OR YOUR HUSBAND'S SOCIAL SECURITY NUMBER 095 42 1910
(c) If your husband or wife is deceased, enter the date of death here		DATE OF DEATH
5. Your unmarried children (including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record, if they are, or have been in the past 12 months: • under age 18, or • age 18 to 22 and attending school, or • age 18 or over and under a disability (which must have begun before age 18) How many children do you have who may be eligible for benefits? NUMBER OF CHILDREN (If none, write "None.") one		
6. (a) Have you ever filed an application for monthly social security benefits before? ☐ Yes ☒ No (If "Yes," answer (b) and (c).) (If "No," go on to item 7.)		
(b) Enter name of person on whose earnings record you filed other application(s) (444)	(c) Enter Social Security Number of person named in (b)	

EXHIBIT 1 (444)

1. (a) Are you now or have you been for any period in the past 14 months unable to work because of a disabling condition?

☐ Yes

☒ No

(If "Yes," answer (b).)

(If "No," go on to item 8.)

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(b) Enter date on which your disabling condition began.

MONTH, DAY, YEAR

2. (a) Were you in the active military or naval service after September 7, 1939?

☐ Yes

☒ No

(If "Yes," answer (b) and (c).)

(If "No," omit (b), (c), and (d) and go on to item 9.)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.), and dates of service.

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency?

☐ Yes

☒ No

(If "Yes," answer (d).)

(If "No," omit (d) and go on to item 9.)

(d) List all such agencies:

Did you work in the railroad industry any time on or after January 1, 1937?

☐ Yes

☒ No

• Enter the names and addresses of all the persons, companies, or Government agencies for whom you worked during the last 12 months. (If none, show "None.")

• If you worked in agricultural employment, give this information for this year and last year.

NAME AND ADDRESS OF EMPLOYER

(If you were self-employed and not an employee in the period shown above, omit items 10 and 11. Continue with item 12.)

WORK BEGAN

WORK ENDED

(If still working show "Not ended")

MONTH

YEAR

MONTH

YEAR

(If you need more space, use "Remarks" space on the back page.)

May we ask your employers for wage information needed to process your claim?

☐ Yes

☐ No

Were you self-employed this year, last year, or the year before?

☒ Yes

☐ No (If "No," skip to item 14.)

(If "Yes," enter in item 13 information about each year of your self-employment.)

Check the year or years in which you were self-employed.

In what kind of trade or business were you self-employed?

Were your net earnings from your trade or business \$400 or more? (Check "Yes" or "No")

☒ This Year

Insurance Broker

☒ Last Year

✓

✓

☒ Yes

☐ No

☒ Year Before Last

✓

✓

☒ Yes

☐ No

Some or all of your benefits are not payable if, while under 72, you work for more than the monthly limit in employment (as defined below) or render substantial services in self-employment in any month, and have earnings in excess of the exempt amount (as defined below) for the taxable year.* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

The "monthly limit" is \$100 per month for months in a taxable year ending prior to 1966 and \$125 per month for any taxable year ending after 1965. If the taxable year is a calendar year, the \$125 amount is effective January 1966.

The "exempt amount" of total earnings which a beneficiary may have without deduction from benefits is \$1,200 per year for a taxable year which ends before 1966. It is \$1,500 per year for taxable years ending after 1965. If the taxable year is a calendar year, \$1,500 is the exempt amount beginning 1966.

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14. (a) How much were your total earnings last year? \$ _____
If the total in (a) is over the exempt amount, answer (b). If less, omit (b) and (c) and go on to item 15.

(b) Did you earn more than the monthly limit in employment or render substantial services in self-employment in each month of last year? ☒ Yes ☐ No
(If "Yes," omit (c).)

(c) If "No," circle each month of last year in which you did not earn more than the monthly limit in employment and did not render substantial services in self-employment.

LAST YEAR:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

15. About how much have you earned so far this year? \$ 6000 -

16. (a) How much do you expect your total earnings to be this year? (Count all of your earnings beginning with the first of this year and all expected earnings through the end of this year.) \$ 8900 -
If the total in (a) is over the exempt amount, answer (b). If less, omit (b), (c), and question 17.

(b) Have you earned more than the monthly limit in employment or rendered substantial services in self-employment in each of the months of this year including the present month? ☒ Yes ☐ No
(If "Yes," omit (c).)

(c) If "No," circle each month of this year including the present month in which you did not earn more than the monthly limit in employment and did not render substantial services in self-employment.

THIS YEAR:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

17. (a) Do you expect to earn more than the monthly limit in employment or render substantial services in self-employment in each of the next three months? ☒ Yes ☐ No
(If "Yes," omit (b).)

(b) If "No," list each of the next three months in which you do not expect to earn more than the monthly limit in employment and do not expect to render substantial services in self-employment.

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you earned more than the exempt amount, if you were under age 72 at least 1 full month of that year and received some benefit payment for such a month. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ONE OR MORE MONTHLY BENEFITS.

18. Do you agree to file the annual report of earnings when required? ☒ Yes ☐ No

19. This application for retirement benefits may be retroactive for as many as 12 months from the date it is filed but not for any month before you reached age 62. If you are between age 62 and age 66, your application may be for benefits payable at a reduced rate. They will continue at a reduced rate even after you reach age 65.

If there are any months before you reach age 65 for which you do not wish to claim benefits, enter the months and give your reason

*The yearly period referred to in this and following items is the same 12-month period you use in figuring your income tax. If you use a fiscal year (one that does not end December 31) enter here the month your fiscal year ends.

MONTH

(OVER)

Answer question 20 only if you are a married woman.

20. Is your husband receiving at least one-half of his support from you? ☐ Yes ☐ No

Answer question 21 only if you are married and your husband or wife is applying for benefits.

21. (a) Indicate whether your marriage was performed by:
Clergyman or authorized public official ☐, or Other ☐

(Explain)

(b) Were you married before your present marriage? ☐ Yes ☐ No
(If "Yes," give the following information about each of your previous marriages.)

PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)

(Use "Remarks" space for information about any other marriage.)

REMARKS:

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

If this application (and, if relevant, the enrollment question below) has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

NAME	SIGNATURE (Write in ink)	
ADDRESS (Number and street, City, State and ZIP Code)	SIGN HERE	
NAME	MAILING ADDRESS (Number and street, P.O. Box, or Route) 135 William St.	
ADDRESS (Number and street, City, State and ZIP Code)	CITY, STATE, AND ZIP CODE N.Y. 10038	
	DATE (Mo., Day, and Year)	TELEPHONE NUMBER
	ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE	

Answer the question below only if you are now AGE 65 or older, or you will reach AGE 65 in this month or one of the next three months.

ENROLLMENT IN SUPPLEMENTARY MEDICAL INSURANCE BENEFITS PLAN

Your social security district office will be glad to explain this plan and to give you a leaflet containing information on the physicians' and surgeons' services and other medical services covered, premium amounts, enrollment periods, etc. A request for enrollment cannot be effective unless it is made within one of the enrollment periods specified in the law. If you do not enroll within your initial enrollment period, you may have to pay a higher premium for the medical insurance protection and your coverage will not begin until 6 to 9 months after you enroll.

Do you wish to enroll in the supplementary medical insurance benefits plan? (Premium payments will be due. Where possible, these payments will be deducted from your monthly benefit check.)

☒ Yes ☐ No ☐ Undecided ☐ Already Enrolled

Sign below regarding medical insurance benefits plan.

SIGN HERE



APPLICATION FOR RETIREMENT INSURANCE BENEFITS*

*Provided by Section 202(a) of the Social Security Act, as amended

If you are awarded monthly benefits based on this application, you will be automatically entitled at age 65 to hospital insurance protection. In addition, this application form may be used for enrollment in the Supplementary Medical Insurance Benefits Plan

Form Approved
Budget Bureau No. 92-R0123

90

(Do not write in this space)

NEW YORK, N. Y.

MAR 31 1970

21134

SSA DISTRICT OFFICE

NOTICE—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

I hereby apply for entitlement to all insurance benefits which may be payable to me under Title II and Part A of Title XVIII of the Social Security Act, as amended.

1	Enter Your Full Name HERMAN J. COHEN		(Check one) ☒ Male ☐ Female	Enter your Social Security Number 0 6 5 2 8 9 5 2 8	
2	Enter your date of birth (Show month, day, and year) September 26, 1902		Enter the name of the State or foreign country where you were born (Adams) MASS.		
3	(a) Check (✓) whether you are: ☒ MARRIED (Whether living together or separated) (If you checked "MARRIED" or "WIDOWED," complete (b) and (c).) ☐ WIDOWED ☐ DIVORCED ☐ SINGLE (If you checked "DIVORCED" or "SINGLE" go on to item 4.)				
	(b) Enter your wife's maiden name or your husband's name MARY E. DUGAN	Date of birth (If unknown, give age) 2/11/1910	Date of marriage 8/25/34	Your wife's or your husband's Social Security Number (If none or unknown, so indicate) 10 95 42 19 18	
	(c) If your husband or wife is deceased, enter the date of death here →			Date of death	
4	Your children (including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record, if they are, or have been during any of the past 12 months unmarried and: • under age 18, or • age 18 to 22 and attending school, or • age 18 or over and under a disability (which must have begun before age 18) How many children do you have who may be eligible for benefits? → Number of children (if none, write "None") One				
5	(a) Have you ever before filed an application with the Social Security Administration for MONTHLY benefits or for hospital or medical insurance? ☒ YES (If "Yes," answer (b) and (c)) ☐ NO (If "No," go on to item 6)				
	Filed for Medicare Only— but never put through				
	(b) Enter name of person on whose earnings record you filed other application(s) Same as above		(c) Enter Social Security Number of person named in (b) (If unknown, so indicate) 21134		

EXHIBIT 2

(4PP)

6 (a) Are you now or have you been for any period in the past 14 months unable to work because of a disabling condition?

☐ YES (If "Yes," answer (b))

☒ NO (If "No," go on to item 7)

(b) Enter date on which your disabling condition began _____

Month, day, year

7 (a) Were you in the active military or naval service after September 7, 1939?

☐ YES (If "Yes," answer (b) and (c)) ☒ NO (If "No," omit (b), (c), and (d) and go on to item 8)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.), and dates of service

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency?

☐ YES (If "Yes," answer (d))

☒ NO (If "No," omit (d) and go on to item 8)

(d) List all such agencies:

8 Have you or your spouse worked in the railroad industry any time on or after January 1, 1937?

☐ YES

☒ NO

9 • Enter below the names and addresses of all the persons, companies, or Government agencies for whom you worked during the last 12 months.

• If you worked in agricultural employment, give this information for this year and last year.

• If neither of the above applies, write "None" below and go on to item 11.

Name and address of employer (If you had more than one employer, please list them in order beginning with your last (most recent) employer)	Work began		Work ended (If still working show "Not Ended")	
	Month	Year	Month	Year
NONE				
(Use "Remarks" space for information about any other employers.)				

10 May we ask your employers for wage information needed to process your claim?

☐ YES

☐ NO

11 (a) Were you self-employed this year, last year, or the year before?

☒ YES (If "Yes," answer (b))

☐ NO (If "No," skip to item 12)

(b) Check the year or years in which you were self-employed

In what kind of trade or business were you self-employed?

Were your net earnings from your trade or business \$400 or more?
(Check "Yes" or "No")

☒ This year

MERVIN J. COHEN - INSURANCE BROKER

☒ Last year

135 WILLIAM STREET

☒ YES ☐ NO

☒ Year before last

NEW YORK, NEW YORK 10038

☒ YES ☐ NO

Some or all of your benefits are not payable if, while under age 72, you work for more than the monthly limit in employment (as defined below) or perform substantial services in self-employment in any month, and have earnings in excess of the exempt amount (as defined below) for the taxable year.* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

The **monthly limit** is \$125 per month for months in a taxable year ending prior to 1968 and \$140 per month for any taxable year ending after 1967. If the taxable year is a calendar year, the \$140 amount is effective January 1968.

The **exempt amount** of total earnings which a beneficiary may have without deduction from benefits is \$1,500 per year for a taxable year which ends before 1968. It is \$1,680 per year for taxable years ending after 1967. If the taxable year is a calendar year, \$1,680 is the exempt amount beginning 1968.

As an employee, you count the gross wages (not the take-home pay) you earn during the year, regardless of when the wages are paid to you. As a self-employed person, you count the net earnings from your business (after deducting allowable business expenses).

12 (a) How much were your total earnings last year? \$17,000

If the total in (a) is over the exempt amount, answer (b). If less, omit (b) and (c) and go on to item 13.

(b) Did you earn more than the monthly limit in employment or perform substantial services in self-employment in each month of last year?

☒ YES (If "Yes," omit (c)) ☐ NO (If "No," answer (c))

(c) Circle each month of last year in which you did not earn more than the monthly limit in employment and did not perform substantial services in self-employment.

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

13 (a) How much do you expect your total earnings to be this year? (Count all of your earnings beginning with the first of this year and all expected earnings through the end of this year.) \$18,000

If the total in (a) is over the exempt amount, answer (b). If less, omit (b), (c), and item 14.

(b) Have you earned more than the monthly limit in employment or performed substantial services in self-employment in each of the months of this year including the present month?

☒ YES (If "Yes," omit (c)) ☐ NO (If "No," answer (c))

(c) Circle each month of this year including the present month in which you did not earn more than the monthly limit in employment and did not perform substantial services in self-employment.

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

14 (a) Do you expect to earn more than the monthly limit in employment or perform substantial services in self-employment in each of the next 3 months?

☒ YES (If "Yes," omit (b)) ☐ NO (If "No," answer (b))

(b) List each of the next 3 months in which you do not expect to earn more than the monthly limit in employment and do not expect to perform substantial services in self-employment.

Answer item 15 if you are now in the last 3 months of your taxable year (Oct., Nov., and Dec. if your taxable year is a calendar year).

15 How much do you expect your total earnings to be next year? \$18,000

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you earned more than the exempt amount, if you were under age 72 at least 1 full month of that year and received some benefit payment for such a month. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ONE OR MORE MONTHLY BENEFITS.

16 Do you agree to file the annual report of earnings when required? ☒ YES ☐ NO

17 This application for retirement benefits may be retroactive for as many as 12 months from the date it is filed but not for any month before you reached age 62. If you are between age 62 and age 66, your application may be for benefits payable at a reduced rate. They will continue at a reduced rate even after you reach age 65.

If there are any months before you reach age 65 for which you do not wish to claim benefits, enter the months and give your reason

* The yearly period referred to in this and following items is the same 12-month period you use in figuring your income tax. If you use a fiscal year, that is, a taxable year that does not end December 31 (with income tax return due April 15), enter here the month your fiscal year ends.

Month

Answer item 18 only if you are a married woman.

Is your husband receiving at least one-half of his support from you? ☐ YES ☐ NO

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Answer item 19 only if you are married and your husband or wife is applying for benefits.

19 (a) Check (✓) whether your marriage was performed by:

Clergyman or authorized public official ☐, or Other ☐ (Explain)

(b) Were you married before your present marriage? ☐ YES ☐ NO

(If "Yes," give the following information about each of your previous marriages.)

Previous marriage	To whom married	When (Mo., day, and year)	Where (Enter name of city and State)
	How marriage ended	When (Mo., day, and year)	Where (Enter name of city and State)
Previous marriage	To whom married	When (Mo., day, and year)	Where (Enter name of city and State)
	How marriage ended	When (Mo., day, and year)	Where (Enter name of city and State)

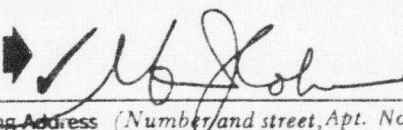
(Use "Remarks" space for information about any other marriage)

Remarks:

I am applying for Medicare only.

NYPC MAY 6 1970

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

SIGNATURE OF WITNESSES		SIGNATURE OF APPLICANT	
If this application (and, if relevant, the enrollment question below) has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.		Signature (First name, middle initial, last name) (Write in ink)	
1. Signature		Sign Here 	
Address (Number and street, City, State and ZIP Code)		Mailing Address (Number and street, Apt. No., P.O. box, or Rural Route) 352 Cabrini Blvd.	
2. Signature		City and State New York, New York	ZIP Code 10040
Address (Number and street, City, State and ZIP Code)		Date (Mo., day and year) March 29, 1970	Telephone number BB3-4211
		Enter name of county (if any) in which you now live Manhattan	

Answer the question below only if you are now AGE 65 or older, or you will reach AGE 65 in this month or one of the next 3 months.

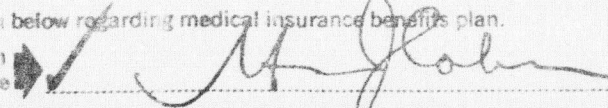
ENROLLMENT IN THE SUPPLEMENTARY MEDICAL INSURANCE BENEFITS PLAN

Your social security district office will be glad to explain this plan and to give you a leaflet containing information on the physicians' and surgeons' services and other medical services covered, premium amounts, enrollment periods, etc. A request for enrollment cannot be effective unless it is made within one of the enrollment periods specified in the law. If you do not enroll within your initial enrollment period, you may have to pay a higher premium and your coverage will be delayed.

Do you wish to enroll in the supplementary medical insurance benefits plan? (Premium payments will be due. Where possible, these payments will be deducted from your monthly benefit check.)

☒ YES ☐ NO ☐ Undecided ☐ Currently enrolled

Sign below regarding medical insurance benefits plan.

Sign Here 

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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IRI-R2-6111-12
085-28-9528

Mervin J. Cohen
350 Cabrini Blvd
New York NY 10040

April 18 1974

We have examined the tax returns for 1971 and 1972 and the sales agreement you submitted in support of your claim for benefits beginning June 1971 when you sold your business. The agreement specified that you attend the office for no less than 2 days per week. You told us that you did not live up to that agreement but worked from your home and rented desk space elsewhere subsequently. We also noted that you were hospitalized in 1972 and 1973 for some periods of time. The 1971 and 1972 tax returns you submitted indicate that you were actively engaged in self employment and claimed deductions for such items as advertising, travel and entertainment, and business solicitation.

You received payment for October 1972 and November 1972 the months for which we have evidence of your hospitalization.

We have determined, based on the evidence you have submitted, that no further benefits are payable to you for the years 1971 and 1972.

When you submit your tax returns for 1973 we will determine any benefits that may be payable for that year. You should also submit medical evidence to support your claim for any months in which you were unable to work due to your health.

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

If you have any questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this letter with you.

EXHIBIT 3 (2PP)

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
CHS/V	Gellert	4/15/74			

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

- 2 -

4/18/74

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Sincerely yours,

Alvin G. Brown, Manager
Claims Authorization Branch

E. LIEBOWITZ:reb
4/15/74

LE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

COPY

Social Security Notice of Reconsideration

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From: Bureau of Retirement and Survivors Insurance
Northeastern Program Center, Flushing, New York 11368

Mr. Mervin J Cohen
350 Cabrini Blvd.
New York, NY 10040

Date:
September 23, 1974

Your Claim Number
085-28-9529

Dear Mr. Cohen:

Your claim has been reconsidered, as you requested. We find that the original decision was correct and in accordance with the law and regulations. The enclosed Reconsideration Determination fully explains the decision reached.

This reconsideration was made by a specially designated staff, different from the staff that made the original decision, and specially trained in the handling of reconsiderations. This staff made an independent and thorough examination of all the evidence on record about your claim.

If you believe that the Reconsideration Determination is not correct, you may request a hearing before an administrative law judge of the Bureau of Hearings and Appeals. If you want a hearing you must request it, not later than 6 months from the date of this notice. You should make any such request through any social security office. Please read the enclosed leaflet for a full explanation of your right to appeal.

EXHIBIT 4 (ESP)

Enclosures:
SSA-662
BHA-1

Department of Health, Education, and Welfare
Social Security Administration

504-1244 (1-74)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

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RECONSIDERATION DETERMINATION

PAYMENT CENTER Office of the Regional Representative (Retirement and Survivors) New York	DISTRICT OFFICE 4292 Broadway New York, New York 10033
NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON Marvin J. Cohen	SOCIAL SECURITY ACCOUNT NO. 085-28-9528
NAME OF CLAIMANT Marvin J. Cohen	TYPE OF CLAIM Retirement Insurance Benefits
DETERMINATION:	

Marvin J. Cohen, who was born on September 26, 1902, became entitled to retirement insurance benefits effective September 1967. Mr. Cohen requested payment of benefits beginning June 1971, contending that in June 1971 he turned over some of his business and was no longer rendering substantial services in self-employment beginning with that month. However, the claimant was advised that his retirement had not been established and that payment could only be made for October 1972 and November 1972, months in which he was hospitalized. Subsequently, the claimant filed a request for reconsideration.

The question to be decided is the amount of benefits due Marvin J. Cohen for the years 1971, 1972, 1973 and 1974. This depends on his earnings in those years and the months in which he rendered substantial services in self-employment.

Sections 203(b) and (f) of the Social Security Act provide that an individual may earn \$1680 in his taxable year without loss of benefits. If earnings exceed that amount, \$1 for each \$2 of earnings between \$1680 and \$2880, and \$1 for each dollar over \$2880 is deducted from benefits for those months in which he is under age 72 and either worked for wages of more than \$140 in employment or rendered substantial services in self-employment. Such is the law with respect to the years 1971 and 1972. With regard to 1973, an individual may earn \$2100 in his taxable year without loss of benefits. If earnings exceed that amount, \$1 for each \$2 of earnings over \$2100 is deducted from benefits for those months in which he earned over \$175 or rendered substantial services in self-employment. With regard to 1974, an individual may earn \$2400 in his taxable year without loss of benefits. If earnings exceed that amount, \$1 for each \$2 of earnings over \$2400 is deducted from benefits for those months in which he earned over \$200 or rendered substantial services in self-employment.

Section 203(f) of the Social Security Act provides that an individual is presumed, with respect to any month, to have rendered substantial services in such month, until it is shown to the satisfaction of the Social Security Administration that such individual did not render substantial services in such month with regard to his trade or business.

Section 404.446 of Regulations Number 4 of the Social Security Administration provides that, in determining whether or not an individual rendered substantial services, consideration shall be given to the amount of time devoted to the business; the nature of the services rendered; the relationship of the individual's activity performed prior to the alleged retirement and that performed thereafter; the type of business involved; and the particular nature of the business. The ultimate test is whether or not the individual can reasonably be presumed to have been retired in the months in question.

According to law, every individual is assumed to have rendered substantial services in self-employment until he submits evidence to establish the contrary. In the absence of evidence to the contrary, services of not more than forty-five hours monthly in a business, will not be considered substantial.

However, where a highly skilled or professional individual works less than forty-five hours in a month, his services still may be considered substantial. The more highly skilled and valuable his services, the more likely the individual rendering such services could not reasonably be considered retired. However, the services of less than fifteen hours rendered in a business during a calendar month are not substantial.

Section 404.447(a) of Regulations Number 4 of the Social Security Administration provides that time devoted to a trade or business shall include all the time spent by the individual in any activity, whether physical or mental, at the place of business or elsewhere in furtherance of such trade or business. This shall include, among other things, time spent making business contacts, attending meetings and preparing and maintaining the facilities of the business. All time spent at the place of business ~~which~~ cannot reasonably be considered unrelated to business activities shall be considered time devoted to the trade or business. Where an individual conducts business away from his home area, time spent in transit will be considered as time devoted to the business.

Section 404.701 of Regulations Number 4 of the Social Security Administration requires an applicant to establish by acceptable and convincing evidence that he is eligible to receive payment of benefits. He may be

Marvin J. Cohen

085-28-9528

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required, at any time, to furnish additional evidence with regard to his entitlement. When insufficient evidence is furnished, the Administration will inform him of what evidence is necessary and will ask him to submit the evidence. His failure to submit such evidence shall be the basis for determining that the conditions of entitlement concerning which such evidence was requested have not been established. The Social Security Administration has the responsibility for determining whether or not the evidence is convincing.

After he filed his request for reconsideration, the claimant was requested to submit additional evidence and information to fully document his file and permit a complete and proper determination on the issue involved. However, the claimant has not responded to such requests for additional information and evidence. Requested was complete copies of his 1973 tax return and a monthly hourly breakdown as to the services rendered to his business.

Since the claimant has not responded, his failure to submit the requested information leaves the Administration no alternative but to make a reconsideration determination without the benefit of any additional evidence which might support his position.

The claimant is a self-employed insurance broker, and although he turned over part of his business in 1971 (although he was still required to perform services to such business as stipulated in the written agreement submitted for the file), he still was involved in another business as an insurance broker. By his own statements in 1974, he was agitated at having to visit the social security office since he could be out making money.

The claimant's 1971 and 1972 tax returns show high net earnings from self-employment in those years and also high business deductions for travel and entertainment and business solicitation, which tend to point to a finding that the claimant is still very much involved in business activities.

Accordingly, based on the evidence in file it is found that for the years 1971, 1972 and 1973 the claimant's earnings were above the allowable amount to permit payment, except for those months in which he was hospitalized. Documentation from hospital sources reveal that the claimant was hospitalized from July 20, 1972 through December 12, 1972, January 2, 1973 through January 17, 1973 and September 7, 1973 through October 17, 1973. He was already paid for October 1972 and November 1972. Accordingly, he will shortly receive payment for July 1972 through September 1972, December 1972, January 1973 and September 1973 through October 1973.

Merwin J. Cohen

085-28-9528

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It is further determined that the claimant will have earnings in excess of the permitted amount for 1974 and therefore no payment may be made at this time for months prior to September 1974. Since he attains age 72 in September 1974, he may be paid for September 1974 and continuing regardless of his earnings or services rendered. Any necessary adjustment regarding 1974 earnings will be made after the claimant files his annual report of earnings at the close of the year.

Authority: Sections 203(b) and (f) of the Social Security Act.
Regulations Number 4, Sections 404.446, 404.447(a) and
404.701 of the Social Security Administration.

Bernard Levine
Chief, Reconsideration Branch

September 23, 1974

cc: District Office - 4292 Broadway
New York, NY 10033

S. BLANKEN:ep 9/23/74

ed 4
p.5

REQUEST FOR HEARING

Take or mail original and all copies to your local Social Security office.

101

CLAIMANT'S NAME Marvin J. Cohen	CLAIM FOR (Check one or more boxes) (Circle type of claim)
AGE EARNER'S NAME (Leave blank if same as above) Marvin J. Cohen	☐ Entitlement to Disability Benefits DIB DWB CDB
SOCIAL SECURITY NUMBER 185-28-9528	☐ Continuance of Disability Benefits DIB DWB CDB
HOUSEHOLD NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)	☒ Other (Specify) Retirement Insurance Benefits
	☐ Supplemental Security Income Aged Blind Disabled
	☐ Continuance of Supplemental Security Income Aged Blind Disabled

I disagree with the determination made on the above claim and request a hearing before an administrative law judge of the Bureau of Hearings and Appeals. My reasons for disagreement are:

talked.

Check one of the following:

- ☒ I have additional evidence to submit. Attach such evidence to this form or forward to the Social Security Office within 10 days.)
- ☐ I have no additional evidence to submit.

Check ONLY ONE of the statements below:

- ☐ I wish to appear in person.
- ☐ I waive my right to appear and give evidence, and hereby request a decision on the evidence on file.

Signed by: (Either the claimant or representative should sign. Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696.)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE
☐ ATTORNEY ☐ NON ATTORNEY	Marvin J. Cohen
ADDRESS	350 Cabrini Blvd.
CITY, STATE, AND ZIP CODE	New York, NY 10040
TELEPHONE NUMBER	WA-8-3109
DATE:	
(Claimant should not fill in below this line)	

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

Was this request timely filed? ☒ Yes ☐ No

"No" is checked: (1) Attach claimant's explanation for delay, (2) Attach any pertinent letter, material, or information in Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on **October 2, 1974** at **Northeastern Program Center**

The administrative law judge will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

HEARING OFFICE COPY	TO: ☒ Hearing Office 26 Federal Plaza, NY, NY (Location) ☐ (Claims Involving Supplemental Income only, combined SSI-RSDI) (Location) ☐ Supplemental Security Income File Attached	For the Social Security Administration By: Charles Lamin Director of Operations (Signature) (Title) 96-05 Horace Harding Expressway (Street Address) Flushing, NY 11368 (City) (State) (Zip Code)
CLAIMS FILE COPY	TO: ☐ Hearing Office ☐ Claim File(s) Requested by Teletype to _____ (Location) ☐ ACB (BDP)	
Interpreter Needed _____ (Language)		Servicing Social Security Office Code _____

EXHIBIT 5 (2pp)

350 Cabrini Blvd
N.Y. N.Y. 10040 102
Oct. 1. '974

710

Social Security
9605 Horace Harding Blvd.
Flushing N.Y.
at Mr. Bernard Lurie File # 085-28-9528

Gentlemen:

Your letter of 9/23/74 was received today.
Please accept my protest against your
decision in my case. Kindly arrange for a
hearing as soon as possible, after the check
covering the period of my hospital stay has
been mailed to me.

Kindly rush the check as promised
in this letter & oblige.

Respectfully yours
A. Steinhilber



Town of Adams, Mass.
Town Clerk's Office

April 28, 1970

COHEN, Herwin

was born in Adams, Mass. September 26, 1902

I HEREBY CERTIFY that the above abstract is a true copy from
the RECORD OF BIRTHS in this office.

Attest:

[Signature]
Town Clerk

BEST COPY OBTAINABLE

EXHIBIT 6

Agreement between Mervyn J. Cohen, maintaining his principal place of business at 135 William Street, New York, New York, (hereinafter referred to as Cohen), and Hofbar Associates Inc., a corporation organized and existing under and by virtue of the laws of the State of New York, maintaining its principal place of business at 150 Nassau Street, New York, New York (hereinafter referred to as Hofbar).

WHEREAS, Cohen and Hofbar have been and presently are insurance brokers, duly licensed to do business in the State of New York; and

WHEREAS, Cohen desires to phase out and discontinue his business activity as a licensed insurance broker; and

WHEREAS, Cohen requires certain immediate financing in order to properly protect his present business interests as a licensed insurance broker

NOW, THEREFORE, in consideration of the premises and of their mutual promises as set forth herein and the performance of the terms hereof, the parties hereto agree as follows:

1. Cohen hereby assigns all his right, title and interest in and to all insurance accounts receivable, estimated to be approximately \$15,000.00, and all books and records relating to the insurance business presently maintained by Cohen, to Hofbar.

2. Hofbar hereby agrees to service and maintain the accounts of Cohen, including billing, placement of renewals, collection of premiums and render such other service as may be customary in the insurance brokerage business under the name of Hofbar and pay all overhead expenses in connection therewith, *including rent, net for months of July thru Nov. 1971*

3. All commissions received from insurance policies billed under and pursuant to this agreement by Hofbar, together with the net cash recovery of Cohen's accounts receivable by Hofbar, shall be applied as follows:

a.) For servicing and maintaining Cohen's accounts as heretofore set forth, sixty (60%) per cent of gross commissions received from such business until July 1, 1973 and thereafter until July 1, 1975 Hofbar shall be entitled to fifty (50%) per cent of said commissions.

b.) Repayment of advances made to Cohen under and pursuant to the terms of this agreement.

4. Hofbar agrees to advance to Cohen, at this time, the sum of \$2178.00, said sum to be paid to certain insurance companies in payment of certain premiums heretofore received by Cohen and presently due to said insurance companies. Further sums, at the sole discretion of Hofbar as to

A (3)

amount and client, shall be similarly advanced to Cohen for payment to other insurance companies. In addition thereto, provided Cohen has not violated the terms of this agreement, Hofbar shall advance to Cohen the sum of \$400.00 per month until all advances to Cohen and all other charges as set forth herein have been received by Hofbar. The order of application of gross commissions, partially or wholly, as set forth hereinabove in paragraph 3 shall be in the sole discretion of Hofbar.

5. Upon receipt of the net proceeds of the accounts receivable hereinabove assigned to Hofbar (after the expense of collection, if any,) the same shall be first applied to advances made by Hofbar to Cohen hereunder. If on July 1, 1973, the net balance of advances from Hofbar to Cohen remaining unpaid is less than the sum of \$3000.00, the application of commissions heretofore set forth at the rate of 60% to Hofbar for the period from the date of the execution of this agreement to

July 1, 1973 shall be recalculated so as to reflect the application of 50% of said commissions for servicing and maintaining said accounts.

6. Cohen agrees to attend the office of Hofbar for no less than two days per week, on days thereof to be designated by Hofbar and to use and apply his best efforts in connection with securing

A
the existing brokerage business, renewals thereof and the collection of accounts receivable.

7. Cohen agrees to execute any and all documents and instruments required in the sole discretion of Hofbar to effectuate the conduct of the business and the terms of this agreement.

8. It is further understood and agreed that the books and records of Cohen's insurance brokerage business shall at all times remain in possession of Hofbar, and, upon payment of the additional sum of \$100.00 to Cohen on July 1, 1975, said books and records shall be and become the property of Hofbar.

9. Hofbar shall have the sole discretion to adjust, settle, compromise, abandon, litigate or otherwise determine the disposition of each of the aforesaid accounts receivable.

10. A statement of account with reference to this agreement shall be rendered by Hofbar for the fiscal year July 1 to June 30 in September of each year to Cohen.

11. Cohen represents and warrants that except as to his overdrawn premium account, he is solvent and has no judgments or liens of record against him, other than a lien attaching the present proceeds of said premium account, which lien Cohen agrees to have vacated within 10 days from the date hereof.

New York
Filing Status

- 1 ☐ Single
2 ☒ Married
3 ☐ Married
4 ☐ Unmarried
5 ☐ Surviving
6 ☐ Married

Income

Tax, Payments and Credits

12. Hofbar shall at all times, on 20 days written notice to Cohen, have the option to return the books and records of Cohen, as well as the unpaid accounts receivable assigned hereunder, to Cohen, and receive from Cohen twelve promissory notes, at no interest, payable in equal successive monthly installments, with a 10 day default acceleration clause as to the balance, payable commencing from 60 days from the date of the written notice referred to herein, in the amount of net charges and advances made to Cohen hereunder. Hofbar's obligations hereunder shall be null and void in the event of its exercise of this option. *Hofbar shall not exercise or attempt any of the remedies hereunder.*

13. Cohen agrees that he will not for a period of six (6) years from the date hereof, directly or indirectly, either as principal, agent, employee, employer, stockholder, co-partner, or in any other individual or representative capacity whatever, solicit, serve or engage, assist, be interested in or connected with any other person, firm or corporation in a like or similar competitive insurance brokerage business to the business of Hofbar in the City of New York with the exception that during said six year period all insurance brokerage business procured by or through the efforts

6
A
of Cohen hereafter shall be placed by Cohen through Hofbar subject to the terms of this agreement.

14. This contract contains the entire agreement between the parties hereto and cannot be changed orally.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals this day of June, 1971.

HOFBAR ASSOCIATES, INC.

By M. J. Cohen

MERVYN J. COHEN

By M. J. Cohen

WITNESS:

Horace E. Berque

BEST COPY OBTAINABLE

47 p.6

Form 1040

US Department of the Treasury / Internal Revenue Service
Individual Income Tax Return

1971

For the year January 1-December 31, 1971, or other taxable year beginning 1971, ending 19

First name and initial (If joint return, use first names and middle initials of both) **Mervin and Mary** Last name **Cohen** Your social security number **085 28 9528 110**
 Present home address (Number and street, including apartment number, or rural route) **350 Cabrini Blvd.** Spouse's social security number **095 42 1918**
 City, town or post office, State and ZIP code **New York, N.Y. 10040** Your insurance Broker **Nurse**

Filing Status—check only one:

- 1 ☐ Single
 2 ☒ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately and spouse is also filing.
 4 ☐ Unmarried Head of Household
 5 ☐ Surviving widow(er) with dependent child
 6 ☐ Married filing separately and spouse is not filing

Exemptions

- 7 Yourself Regular / 65 or over / Blind ☒ ☐ ☐ Enter number of boxes checked **3**
 8 Spouse (applies only if item 2 or 6 is checked) ☐ ☐ ☐
 9 First names of your dependent children who lived with you _____
 10 Number of other dependents (from line 33) **3**
 11 Total exemptions claimed **3**

12 Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation) 12 12,369 59

13a Dividends (see pages 6 and 11 of instr.) \$ 13b Less exclusion \$ Balance 13c

(If gross dividends and other distributions are over \$100, list in Part I of Schedule B.)

14 Interest (If \$100 or less, enter total without listing in Schedule B) 14 590 97
(If over \$100, enter total and list in Part II of Schedule B)

15 Income other than wages, dividends, and interest (from line 40) 15 7,660 77

16 Total (add lines 12, 13c, 14 and 15) 16 20,621 33

17 Adjustments to income (such as "sick pay," moving expense, etc. from line 45) 17

18 Adjusted gross income (subtract line 17 from line 16) 18 20,621 33

See page 3 of instructions for rules under which the IRS will figure your tax.

If you do not itemize deductions and line 18 is under \$10,000, find tax in Tables and enter on line 19.

If you itemize deductions or line 18 is \$10,000 or more, go to line 46 to figure tax.

19 Tax (Check if from: ☐ Tax Tables 1-13, ☐ Tax Rate Sch. X, Y, or Z, ☐ Sch. D, ☐ Sch. G or ☐ Form 4726) 19 3,069 72

20 Total credits (from line 54) 20

21 Income tax (subtract line 20 from line 19) 21

22 Other taxes (from line 60) 22 585

23 Total (add lines 21 and 22) 23 3,654 72

24 Total federal income tax withheld (attach Forms W-2 or W-2P to back) 24 1,920 72

25 1971 Estimated tax payments (include 1970 overpayment allowed as a credit) 25

26 Other payments (from line 64) 26

27 Total (add lines 24, 25, and 26) 27 1,920 72

28 If line 23 is larger than line 27, enter BALANCE DUE Pay in full with return. Make check or money order payable to Internal Revenue Service 28 1,734 00

29 If line 27 is larger than line 23, enter OVERPAYMENT 29

30 Line 29 to be: (a) REFUNDED Allow at least six weeks for your refund check (b) Credited on 1972 estimated tax

31 Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? If "Yes," attach Form 4683. (For definitions, see Form 4683.) ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature Date

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Signature of preparer other than taxpayer, based on all information of which he has any knowledge.

260 Address

MANHASSET, N.Y.

EXHIBIT 8 (WIPP)

PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10)

32 (a) NAME	(b) Relationship	(c) Months lived in your home, if born or died during year, write B or D.	(d) Did dependent have income of \$675 or more?	(e) Amount YOU furnished for dependent's support, if 100% and ALL.	(f) Amount furnished by OTHERS including dependent.
				\$	\$

111

33 Total number of dependents listed above. Enter here and on line 10 ▶

PART II.—Income other than Wages, Dividends, and Interest

34 Business income or (loss) (attach Schedule C)	34	14,615	88
35 Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	35	(357	50)
36 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	36		
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	37	(6,597	61)
38 Farm income or (loss) (attach Schedule F)	38		
39 Miscellaneous income: (a) Fully taxable pensions and annuities not reported on Schedule E—see instructions on page 7			
(b) 50% of capital gain distributions (not reported on Schedule D)			
(c) State income tax refunds (caution—see instructions on page 7)			
(d) Alimony			
(e) Other (state nature and source)			
(f) Total miscellaneous income (add lines 39(a), (b), (c), (d) and (e))			
40 Total (add lines 34, 35, 36, 37, 38, and 39). Enter here and on line 15 ▶	40	7,000	77

PART III.—Adjustments to Income

41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41		
42 Moving expense (attach Form 3903)	42		
43 Employee business expense (attach Form 2106 or other statement)	43		
44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE)	44		
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17 ▶	45		

PART IV.—Tax Computation (Do not use this part if you use Tax Tables 1-13 to find your tax.)

46 Adjusted gross income (from line 18)	46	20,621	33
47 (a) If you itemize deductions, enter total from Schedule A, line 32 and attach Schedule A (b) If you do not itemize deductions, and line 46 is: (1) \$10,000 or more but less than \$11,538.43, enter 13% of line 46 (2) \$11,538.43 or more, enter \$1,500. Note: deduction under (1) or (2) is limited to \$750 if married and filing separately.	47	1,500	
48 Subtract line 47 from line 46	48	19,121	33
49 Multiply total number of exemptions claimed on line 11, by \$675	49	2,025	
50 Taxable income. Subtract line 49 from line 48 ▶	50	17,096	33

(Figure your tax on the amount on line 50 by using Tax Rate Schedule X, Y or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 19.

PART V.—Credits

51 Retirement income credit (attach Schedule R)	51		
52 Investment credit (attach Form 3468)	52		
53 Foreign tax credit (attach Form 1116)	53		
54 Total credits (add lines 51, 52, and 53). Enter here and on line 20 ▶	54		

PART VI.—Other Taxes

55 Self-employment tax (attach Schedule SE)	55		
56 Tax from recomputing prior-year investment credit (attach Form 4255)	56		
57 Minimum tax (see instructions on page 8). Check here ☐ , if Form 4625 is attached	57		
58 Social security tax on unreported tip income (attach Form 4137)	58		
59 Uncollected employee social security tax on tips (from Forms W-2)	59		
60 Total (add lines 55, 56, 57, 58, and 59). Enter here and on line 22 ▶	60		

PART VII.—Other Payments

61 Excess FICA tax withheld (two or more employers—see instructions on page 8)	61		
62 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	62		
63 Regulated Investment Company Credit (attach Form 2439)	63		
64 Total (add lines 61, 62, and 63). Enter here and on line 26 ▶	64		

**Schedules A&B—Itemized Deductions AND
(Form 1040)
Dividend and Interest Income**

Department of the Treasury
Internal Revenue Service

► Attach to Form 1040.

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1971

Name(s) as shown on Form 1040

Mervin and Mary Cohen
Schedule A—Itemized Deductions (Schedule B on back)

Your social security number
085 28 9528

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.

1 One half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below)

2 Medicine and drugs

3 Enter 1% of line 18, Form 1040

4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero)

5 Enter balance of insurance premiums for medical care not entered on line 1

6 Itemize other medical and dental expenses. Include hearing aids, dentures, eyeglasses, transportation, etc.

7 Total (add lines 4, 5, and 6)

8 Enter 3% of line 18, Form 1040

9 Subtract line 8 from line 7. Enter difference (if less than zero, enter zero)

10 Total deductible medical and dental expenses (Add lines 1 and 9. Enter here and on line 27, below.) ►

Taxes.

11 Real estate

12 State and local gasoline (see gas tax tables)

13 General sales (see sales tax tables)

14 State and local income

15 Personal property

16 Other

17 Total taxes (Add lines 11 through 16. Enter here and on line 28, below.) ►

Contributions.—Cash—including checks, money orders, etc. (Itemize—see instructions on page 10 for examples)

18 Total cash contributions

19 Other than cash (see instructions on page 10 for required statement). Enter total for such items here

20 Carryover from prior years

21 Total contributions (Add lines 18, 19, and 20. Enter here and on line 29, below.)

Interest expense.

22 Home mortgage

23 Installment purchases

24 Other (itemize)

25 Total interest expense (Add lines 22, 23, and 24. Enter here and on line 30, below.) ►

26 Total miscellaneous deductions (Enter here and on line 31, below.) ►

Summary of Itemized Deductions

A

27 Total deductible medical and dental expenses (from line 10)

28 Total taxes (from line 17)

29 Total contributions (from line 21)

30 Total interest expense (from line 25)

31 Total miscellaneous deductions (from line 26)

32 **TOTAL ITEMIZED DEDUCTIONS.** (Add lines 27 through 31. Enter here and on Form 1040, line 47.) ►

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit (or Loss) From Business or Profession

(Sole Proprietorship)

▶ Attach to Form 1040.

▶ Partnerships, joint ventures, etc., must file Form 1065.

1971
~~1972~~
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Name(s) as shown on Form 1040

Social security number

A Principal business activity; product
(See Schedule C Instructions) (For example: retail—hardware; wholesale—tobacco; services—legal; manufacturing—furniture; etc.)

B Business name **C** Employer Identification Number

D Business address (number and street)
City, State and ZIP code

E Indicate method of accounting: (1) ☐ cash; (2) ☐ accrual; (3) ☐ other.

F Were you required to file Form 1096 for 1972? (See Schedule C Instructions) ☐ YES ☐ NO. If "Yes," where filed? ▶

G Is this business located within the boundaries of the city, town, etc., indicated? ☐ YES ☐ NO.

H Did you own this business at the end of 1972? ☐ YES ☐ NO.

I How many months in 1972 did you own this business?

J Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1972? ☐ YES ☐ NO.

IMPORTANT—All applicable lines and schedules must be filled in.

INCOME		DEDUCTIONS	
1	Gross receipts or sales \$..... Less returns and allowances \$..... Balance ▶		
2	Less: Cost of goods sold and/or operations (Schedule C-1, line 8)		
3	Gross profit		
4	Other income (attach schedule)		
5	TOTAL income (add lines 3 and 4)		
6	Depreciation (explain in Schedule C-2)	669	37
7	Taxes on business and business property (explain in Schedule C-3)	369	46
8	Rent on business property	574	46
9	Repairs (explain in Schedule C-3)		
10	Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)	3770	
11	Insurance	194	99
12	Legal and professional fees	245	
13	Commissions		
14	Amortization (attach statement)		
15	(a) Pension and profit-sharing plans (see Schedule C Instructions)		
	(b) Employee benefit programs (see Schedule C Instructions)	738	06
16	Interest on business indebtedness		
17	Bad debts arising from sales or services		
18	Depletion	3338	73
19	Other business expenses (specify):		
(a)	Advertising	274	02
(b)	Travel	914	74
(c)	Transportation	1393	55
(d)	Telephone service	56	24
(e)	Postage	248	62
(f)	Supplies	61	00
(g)	Miscellaneous	340	25
(h)			
(i)		3338	13
(j)	Taxes		
(k)	Insurance	130	50
(l)		191	96
(m)		4700	
(n)		396	48
(o)			
(p)	Total other business expenses (add lines 19(a) through 19(o))	9300	02
20	Total deductions (add lines 6 through 19)	14615	88
21	Net profit (or loss) (subtract line 20 from line 5). Enter here and on line 35, Form 1040. ALSO enter on Schedule SE, line 1		

SCHEDULE C-1. COST OF GOODS SOLD AND/OR OPERATIONS (See Schedule C Instructions for line 2)

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	
2	Purchases \$ Less cost of items withdrawn for personal use \$ Balance ▶	
3	Cost of labor (do not include salary paid to yourself)	
4	Materials and supplies	
5	Other costs (attach schedule)	
6	Total of lines 1 through 5	
7	Less: Inventory at end of year	
8	Cost of goods sold and/or operations. Enter here and on line 2, page 1.	

Method of inventory valuation ▶

Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories? ☐ YES ☐ NO. If "Yes," attach explanation.**SCHEDULE C-2. DEPRECIATION** (See Schedule C Instructions for line 6)

Note: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after December 31, 1970, or the Guideline Class Life System for assets placed in service before January 1, 1971, you must file Form 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-11(b)(5)(vi) and 1.167(a)-12, the provisions of Revenue Procedures 62-21 and 65-13 are not applicable for taxable years ending after December 31, 1970. If you need more space, use Form 4562.

Check box if you made an election this taxable year to use ☐ Class Life (ADR) System and/or ☐ Guideline Class Life System.

a. Group and guideline class or description of property	b. Date acquired	c. First or other basis	d. Depreciation allowed or allowable in prior years	e. Method of computing depreciation	f. Life or rate	g. Depreciation for this year
1 Total additional first year depreciation (do not include in items below)						
2 Depreciation from Form 4832						
3 Depreciation from Form 5006						
4 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
5 Totals						
6 Less amount of depreciation claimed in Schedule C-1						
7 Balance—Enter here and on page 1, line 6						

SUMMARY OF DEPRECIATION (Other Than Additional First Year Depreciation)

	Straight line	Declining balance	Sum of the years' digits	Units of production	Other (specify)	Total
1 Depreciation from Form 4832						
2 Depreciation from Form 5006						
3 Other						

SCHEDULE C-3. EXPLANATION OF LINES 7 AND 9

Line No.	Explanation	Amount
		\$

SCHEDULE C-4. EXPENSE ACCOUNT INFORMATION (See Schedule C Instructions for Schedule C-4)

Enter information with regard to yourself and your five highest paid employees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$10,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$10,000.

Did you claim a deduction for expenses connected with:

- (1) Entertainment facility (boat, resort, ranch, etc.)? ☐ YES ☐ NO (3) Employees' families at conventions or meetings? ☐ YES ☐ NO
 (2) Living accommodations (except employees on business)? ☐ YES ☐ NO (4) Employee or family vacations not reported on Form W-2? ☐ YES ☐ NO

SCHEDULE SE
(Form 1040)
Department of the Treasury
Internal Revenue Service

Computation of Social Security Self-Employment Tax

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1971

▶ Each self-employed person must file a Schedule SE.
▶ Attach to Form 1040.

▶ If you had wages, including tips, of \$7,800 or more that were subject to social security taxes, do not fill in this page.
▶ If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.
Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits.

Name of self-employed person (as shown on social security card)

Social security number
of self-employed person

Mervin and Mary Cohen

025 28 9528

Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) ▶

Part I Computation of Net Earnings from BUSINESS Self-Employment (other than farming)

- 1 Net profit (or loss) shown in Schedule C (Form 1040), line 26. (Enter combined amount if more than one business.) 14,615
- 2 Net income (or loss) from excluded services or sources included on line 1
Specify excluded services or sources 14,615
- 3 Net earnings (or loss) from business self-employment (Subtract line 2 from line 1, and enter here and on line 8(a), Part III below.) 14,615

SE

Part II Computation of Net Earnings from FARM Self-Employment

A farmer may elect to compute net farm earnings using the OPTIONAL METHOD (line 6, below) INSTEAD OF THE REGULAR METHOD (line 5, below) if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. If your gross profits from farming are not more than \$2,400 and you elect to use the optional method, you need not complete lines 4 and 5.

Computation under Regular Method

- 4 Net farm profit (or loss) from:
 - (a) Schedule F, line 52 (cash method), or line 71 (accrual method)
 - (b) Farm partnerships
- 5 Net earnings from self-employment from farming. Add lines 4(a) and (b)

Computation under Optional Method

- 6 If gross profits from farming are:
 - (a) Not more than \$2,400, enter two-thirds of the gross profits
 - (b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600

*Note.—Gross profits from farming are the total of the gross profits from Schedule F, line 28 (cash method), or line 69 (accrual method), plus the distributive share of gross profit from farm partnerships as explained in instructions for Schedule SE.

- 7 Enter here and on line 8(b), Part III, below, the amount on line 5 (or line 6, if you use the optional method)

Part III Computation of Social Security Self-Employment Tax

- 8 Net earnings (or loss) from self-employment—
 - (a) From business (other than farming) from line 3, Part I, above 14,615
 - (b) From farming (from line 7, Part II, above)
 - (c) From partnerships, joint ventures, etc. (other than farming)
 - (d) From service as a minister, member of a religious order, or a Christian Science practitioner. If you filed Form 4361, check here ☐ and enter zero on this line
 - (e) From service with a foreign government or international organization
 - (f) Other (director's fees, etc.). Specify
- 9 Total net earnings (or loss) from self-employment reported on line 8
(If line 9 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of page.)
- 10 The largest amount of combined wages and self-employment earnings subject to social security tax is \$7,800 00
- 11 (a) Total "FICA" wages as indicated on Form W-2
(b) Unreported tips, if any, subject to FICA tax from Form 4137, line 9
(c) Total of lines 11(a) and 11(b)
- 12 Balance (subtract line 11(c) from line 10)
- 13 Self-employment income—line 9 or 12, whichever is smaller 585
- 14 If line 13 is \$7,800, enter \$585.00; if less, multiply the amount on line 13 by .075
- 15 Railroad employee's and railroad employee representative's adjustment for hospital insurance benefits tax from Form 4469
- 16 Self-employment tax (subtract line 15 from line 14). Enter here and on Form 1040, line 55 585

Department of the Treasury
Internal Revenue Service

► **Attach to Form 1040.** ► **Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.**

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1972

Name(s), as shown on Form 1040

Social security number

D

2	Enter your share of net short-term gain (or loss) from partnerships and fiduciaries	2
	Enter net gain (or loss), combine lines 1 and 2	3
4(a)	Short-term capital loss component carryover from years beginning before 1970 (see Instruction H)	4(a)
4(b)	Short-term capital loss carryover attributable to years beginning after 1969 (see Instruction H)	4(b)
5	Net short-term gain (or loss), combine lines 3, 4(a) and 4(b)	5

7	Capital gain distributions	7
	Enter gain if applicable from line 4(a)(1), Form 4797 (see Instruction A)	8
	Enter your share of net long-term gain (or loss) from partnerships and fiduciaries	9
10	Enter your share of net long-term gain from small business corporations (Subchapter S)	10
11	Net gain (or loss), combine lines 6 through 10	11
12(a)	Long-term capital loss component carryover from years beginning before 1970 (see Instruction H)	12(a)
12(b)	Long-term capital loss carryover attributable to years beginning after 1969 (see Instruction H)	12(b)
13	Net long-term gain (or loss), combine lines 11, 12(a) and 12(b)	13
Part III Summary of Part I and II		13

14	Combine the amounts shown on lines 5 and 13, and enter the net gain or loss here	14	(715)
15	If line 14 shows a gain— (a) Enter 50% of line 13 or 50% of line 14, whichever is smaller (see Part VI for computation of alternative tax). Enter zero if there is a loss or no entry on line 13.	15(a)	
16	(b) Subtract line 15(a) from line 14. Enter here and on line 36, Form 1040 If line 14 shows a loss— ▶ Omit lines 16(a) and 16(b) and go to Part IV if losses are shown on BOTH lines 12(a) and 13. See instruction i. ▶ Otherwise, (a) Enter one of the following amounts: (i) If amount on line 5 is zero or a net gain, enter 50% of amount on line 14; (ii) If amount on line 13 is zero or a net gain, enter amount on line 14; or, (iii) If amounts on line 5 and line 13 are net losses, enter amount on line 5 added to 50% of amount on line 13.	15(b)	
	(b) Enter here and enter as a (loss) on line 36, Form 1040, the smaller of: (i) The amount on line 16(a); (ii) \$1,000 (\$500 if married and filing a separate return—if a loss is shown on line 4(a) or 12(a), see instruction M for a higher limit not to exceed \$1,000); or, (iii) Taxable income, as adjusted (see instruction L)	16(a)	
		16(b)	

Part IV Capital Loss Limitation—Where Losses Are Shown on Both Lines 12(a) AND 13

17 Enter loss from line 5; if line 5 is zero or a gain, enter a zero	17	
18 Enter loss from line 13	18	
19 Enter gain, if any, from line 5; if line 5 is zero or a loss, enter a zero	19	
20 Reduce loss on line 18 to the extent of the gain, if any, on line 19	20	
21 Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero	21	
NOTE: If the entry on line 21 is zero, OMIT lines 22 through 28, and enter on line 29 the loss shown on line 12(a).		
22 Enter gain, if any, from line 11	22	
23 Enter smaller of amount on line 21 or line 22	23	
24 Enter excess of gain on line 21 over amount on line 23	24	
25 Enter loss from line 4(a); if line 4(a) is blank, enter a zero	25	
26 Reduce gain, if any, on line 24 to the extent of loss, if any, on line 25 (see instruction J)	26	
27 Enter loss from line 12(a)	27	
28 Add the gain(s) on line(s) 23 and 26	28	
29 Reduce the loss on line 27 to the extent of the gain, if any, on line 28 (see instruction K)	29	
30 Enter smaller of amount on line 29 or line 20 (if line 29 is zero, enter a zero)	30	
31 Subtract amount on line 30 from the loss on line 20	31	
32 Enter 50% of the amount on line 31	32	
33 Add lines 17, 30, and 32	33	
34 Enter here and enter as a (loss) on line 36, Form 1040, the smaller of:		
(a) Amount on line 33;		
(b) Taxable income, as adjusted (see instruction L); or,		
(c) \$1,000 (\$500 if married and filing a separate return—see instruction M for a higher limit not to exceed \$1,000)	34	()

Part V Complete Part V if You are Married Filing a Separate Return and Losses are Shown on Lines 4(a) and 14. (See instruction M).

35 Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero	35	
NOTE: If the entry on line 35 is zero, OMIT lines 36 through 42, and enter on line 43 the loss shown on line 4(a).		
36 Enter gain, if any, from line 3	36	
37 Enter smaller of amount on line 35 or line 36	37	
38 Enter excess of gain on line 35 over amount on line 37	38	
39 Enter loss from line 12(a); if line 12(a) is blank, enter a zero	39	
40 Reduce the gain, if any, on line 38 to the extent of the loss, if any, on line 39 (see instruction J)	40	
41 Enter loss from line 4(a)	41	
42 Add the gain(s) on line(s) 37 and 40	42	
43 Reduce the loss on line 41 to the extent of the gain, if any, on line 42 (see instruction K)	43	

Part VI Computation of Alternative Tax (See instruction V to See if the Alternative Tax Will Benefit You)

44 Enter amount from line 55, Form 1040	44	
45 Enter amount from line 15(a)	45	
46 Subtract amount on line 45 from amount on line 44 (but not less than zero)	46	
47 Enter smaller of amount on line 13 or line 14	47	
If line 47 does not exceed \$50,000 (\$25,000 if married filing separately), check this block ☐ and omit lines 48 through 54.		
48 Enter long-term gains from certain binding contracts and installment sales (referred to as "certain subsection d gains"—see instruction V)	48	
49 Enter amount from line 48 or \$50,000 (\$25,000 if married filing separately), whichever is larger	49	
If line 49 is equal to or greater than line 47, check this block ☐ and omit lines 50 through 54.		
50 Multiply amount on line 49 by 50%	50	
51 Add amounts on lines 46 and 50	51	
52 Tax on line 44 or 45, whichever is greater (use Tax Rate Schedule in instructions)	52	
53 Tax on the amount on line 51 (use Tax Rate Schedule in instructions)	53	
54 Subtract amount on line 53 from amount on line 52	54	
55 Tax on the amount on line 46 (use Tax Rate Schedule in instructions)	55	
56 If the block on line 47 or 49 is checked, enter 50% of line 45; otherwise enter 25% of line 49	56	
57 Alternative Tax—add amounts on lines 54 (if applicable), 55, and 56. If smaller than the tax figured on the amount on line 55, Form 1040, enter this alternative tax on line 18, Form 1040	57	

1971
~~1972~~

(From pensions and annuities, rents and royalties, partnerships, estates and trusts, etc.)
 ▶ Attach to Form 1040.

Your social security number

Depreciation						
	Straight line	Declining balance	Sum of the years' digits	Units of production	Other (specify)	Total
Depreciation from form 4832						
Depreciation from form 5096						
3 Other						

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

If you received earned income in excess of \$600 in each of any 10 calendar years before 1972, you may be entitled to a retirement income credit. If you elect to have the Service compute your tax (see page 4 of Form 1040 instructions), answer the question for columns A and B below and fill in lines 2 and 5. The Service will figure your retirement income credit and allow it in computing your tax. Be sure to attach Schedule R and write "RIC" on line 19 of Form 1040. If you compute your own tax, fill out all applicable lines of this schedule.

Married residents of Community Property States see Schedule R instructions.

Joint return filers use column A for wife and column B for husband. All other filers use column B only.

Did you receive earned income in excess of \$600 in each of any 10 calendar years before 1972? (Widows or widowers see Schedule R instructions.) If "Yes" in either column, furnish all information below in that column. Also furnish the combined information called for in column C for both husband and wife if joint return, both 65 or over, even if only one answered "Yes" in column A or B.

	A		B		C	
	☐ Yes	☐ No	☐ Yes	☐ No	Alternative Computation (Combined information of husband and wife if joint return and both 65 or over)	
1 Maximum amount of retirement income for credit computation	\$1,524	00	\$1,524	00	\$2,286	00
2 Deduct:						
(a) Amounts received as pensions or annuities under the Social Security Act, the Railroad Retirement Acts (but not supplemental annuities), and certain other exclusions from gross income						
(b) Earned income received (does not apply to persons 72 or over):						
(1) If you are under 62, enter amount in excess of \$900						
(2) If you are 62 or over but under 72, enter amount determined as follows:						
if \$1,200 or less, enter zero						
if over \$1,200 but not over \$1,700, enter 1/2 of amount over \$1,200; or if over \$1,700, enter excess over \$1,450						
3 Total of lines 2(a) and 2(b)						
4 Balance (subtract line 3 from line 1)						
If column A, B, or C is more than zero, complete this schedule. If all of these columns are zero or less, do not file this schedule.						
5 Retirement income:						
(a) If you are under 65: Enter only income received from pensions and annuities under public retirement systems (e.g. Fed., State Govts., etc.) included on Form 1040, line 17						
(b) If you are 65 or older: Enter total of pensions and annuities, interest and dividends included on Form 1040, line 17, and gross rents from Schedule E, Part II, column (b). Also include your share of gross rents from estates and trusts and your proportionate share of taxable rents from estates and trusts						
6 Line 4 or line 5, whichever is smaller						
7 (a) Total (add amounts on line 6, columns A and B)						
(b) Amount from line 6, column C, if applicable						
8 Tentative credit. Enter 15% of line 7(a) or 15% of line 7(b), whichever is greater						
9 Amount of tax shown on Form 1040, line 18						
10 Retirement income credit. Enter here and on Form 1040, line 56, the amount on line 8 or line 9, whichever is smaller. Note: If you claim credit for foreign taxes or tax free covenant bonds, skip line 10 and complete lines 11, 12, and 13, below						
11 Credit for foreign taxes or tax free covenant bonds						
12 Subtract line 11 from line 9 (if less than zero, enter zero)						
13 Retirement income credit. Enter here and on Form 1040, line 56, the amount on line 8 or line 12 whichever is smaller						

1040

US

Department of the Treasury / Internal Revenue Service
Individual Income Tax Return

1972

For the year January 1-December 31, 1972, or other taxable year beginning 1972, ending 19

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Please print or type

Please attach Copy B of Form W-2 here

Write sec. no. on Check or Money Order. Attach here

First name and initial (If joint return, use first names and middle initials of both) Ervin and Mary Last name Cohen
Present home address (Number and street, including apartment number, or rural route) 350 Cabrini Blvd.
City, town or post office, State and ZIP code New York, N. Y. 10040
Occupation Ins. Proker Wife's Nurse
Your social security number (husband's, if joint return) 095 : 28 : 9528
Wife's number, if joint return 095 : 12 : 1918

Filing Status—check only one:
1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separately. If wife (husband) is also filing give her (his) social security number and first name here.
4 ☐ Unmarried Head of Household
5 ☐ Widow(er) with dependent child (Enter year of death of husband (wife) 19)
Exemptions
6 Yourself ☒ Regular / 65 or over / Blind Enter number of boxes checked 3
7 Wife (husband) ☒
8 First names of your dependent children who lived with you
9 Number of other dependents (from line 32) Enter number 3
10 Total exemptions claimed

Income
11 Wages, salaries, tips, and other employee compensation. (Attach Form W-2 to front. If unavailable, attach explanation) 11 6,000 46
12a Dividends (see pages 6 and 13 of instr.) \$ 12b Less exclusion \$ Balance 12c 277 87
(If gross dividends and other distributions are over \$200, list in Part I of Schedule B.)
13 Interest income. [If \$200 or less, enter total without listing in Schedule B] 13 1,314 78
[If over \$200, enter total and list in Part II of Schedule B]
14 Income other than wages, dividends, and interest (from line 45) 14 12,856 92
15 Total (add lines 11, 12c, 13 and 14) 15
16 Adjustments to income (such as "sick pay," moving expenses, etc. from line 50) 16
17 Subtract line 16 from line 15 (adjusted gross income) 17 20,130 03

Caution: If you have unearned income and you could be claimed as a dependent on your parent's return, see boxed instruction on page 7, under the heading "Tax-Credits-Payments." Check this block ☐.
If you do not itemize deductions and line 17 is under \$10,000, find tax in Tables and enter on line 18.
If you itemize deductions or line 17 is \$10,000 or more, go to line 51 to figure tax.

Tax, Payments and Credits
18 Tax, check if from: Tax Tables 1-12, Schedule D Tax Rate Schedule X, Y, or Z Schedule G or Form 4726 18 3,317 50
19 Total credits (from line 61) 19
20 Income tax (subtract line 19 from line 18) 20
21 Other taxes (from line 67) 21 675
22 Total (add lines 20 and 21) 22 3,992 50
23 Total Federal income tax withheld (attach Forms W-2 or W-2P to front) 23 1,014 72
24 1972 Estimated tax payments (include amount allowed as credit from 1971 return) 24
25 Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return 25
26 Other payments (from line 71) 26
27 Total (add lines 23, 24, 25, and 26) 27 1,014 72

Bal. Due or Refund
28 If line 22 is larger than line 27, enter BALANCE DUE IRS Pay in full with return. Make check or money order payable to Internal Revenue Service 28 2,977 78
29 If line 27 is larger than line 22, enter amount OVERPAID 29
30 Line 29 to be REFUNDED TO YOU 30
31 Line 29 to be credited on 1973 estimated tax 31

Foreign Accounts
Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? ☐ Yes ☒ No
If "Yes," attach Form 4683. (For definitions, see Form 4683.)

Note: Be sure to complete Revenue Sharing (lines 33 and 34) on next page.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.
Your signature _____ Date _____
Preparer's signature (other than taxpayer) _____ Date _____
Wife's (husband's) signature (if filing jointly, BOTH must sign even if only one had income) _____
Address (and ZIP Code) _____

EXHIBIT 9
9 (LIPU)

Other Dependents		(a)	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$750 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHERS including dependent.
						\$	\$

32 Total number of dependents listed in column (a). Enter here and on line 9 ▶

33 Print or type the location of your principal place of residence at end of year (not necessarily the same as your post office address).

(a) State	(b) County	(c) Locality. If you lived inside the boundaries of an incorporated city, town, etc., enter its name; if not, check here ☐	(d) Township (see instructions on page 8)

34 Enter the number of persons included on line 10 who (1) are filing a return of their own; or, (2) did not live at your principal place of residence at the end of the year ▶

For IRS use only—Leave blank									

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PART I.—Income other than Wages, Dividends, and Interest

35 Business income (or loss) (attach Schedule C)	35	27,102 95
36 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D)	36	(1,000)
37 Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	37	
38 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	38	(13,546 03)
39 Farm income (or loss) (attach Schedule F)	39	
40 Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8)	40	
41 50% of capital gain distributions (not reported on Schedule D)	41	
42 State income tax refunds (caution—see instructions on page 8)	42	
43 Alimony	43	
44 Other (state nature and source)	44	
45 Total (add lines 35 through 44). Enter here and on line 14 ▶	45	12,856 92

PART II.—Adjustments to Income

46 "Sick pay" if included in income (attach Form 2440 or other required statement)	46	
47 Moving expense (attach Form 3903)	47	
48 Employee business expense (attach Form 2106 or other statement)	48	
49 Payments as a self-employed person to a retirement plan, etc. (see Form 4848)	49	
50 Total adjustments (add lines 46, 47, 48, and 49). Enter here and on line 16 ▶	50	

PART III.—Tax Computation (Do not use this part if you use Tax Tables 1–12 to find your tax.)

51 Adjusted gross income (from line 17)	51	20,480 13
52 (a) If you itemize deductions, enter total from Schedule A, line 40 and attach Schedule A (b) If you do not itemize deductions, enter 15% of line 51, but do NOT enter more than \$2,000. (\$1,000 if line 3 is checked)	52	2,000 18,480
53 Subtract line 52 from line 51	53	
54 Multiply total number of exemptions claimed on line 10, by \$750	54	2,250
55 Taxable income. Subtract line 54 from line 53	55	16,230

(Figure your tax on the amount on line 55 by using Tax Rate Schedule X, Y or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 18.

PART IV.—Credits

56 Retirement income credit (attach Schedule R)	56	
57 Investment credit (attach Form 3468)	57	
58 Foreign tax credit (attach Form 1116)	58	
59 Credit for contributions to candidates for public office—see instructions on page 9	59	
60 Work Incentive Program credit (attach Form 4874)	60	
61 Total credits (add lines 56, 57, 58, 59, and 60). Enter here and on line 19 ▶	61	

PART V.—Other Taxes

62 Self-employment tax (attach Schedule SE)	62	675
63 Tax from recomputing prior-year investment credit (attach Form 4255)	63	
64 Minimum tax (see instructions on page 10). Check here ☐ , if Form 4625 is attached	64	
65 Social security tax on tip income not reported to employer (attach Form 4137)	65	
66 Uncollected employee social security tax on tips (from Forms W-2)	66	
67 Total (add lines 62, 63, 64, 65, and 66). Enter here and on line 21 ▶	67	675

PART VI.—Other Payments

68 Excess FICA tax withheld (two or more employers—see instructions on page 10)	68	
69 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	69	
70 Credit from a Regulated Investment Company (attach Form 2439)	70	
71 Total (add lines 68, 69, and 70). Enter here and on line 26 ▶	71	

Schedules A&B—Itemized Deductions AND (Form 1040) Dividend and Interest Income

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

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Name(s) as shown on Form 1040

Your social security number

Schedule A—Itemized Deductions (Schedule B on back)

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.

1 One half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below) . . .

2 Medicine and drugs

3 Enter 1% of line 17, Form 1040 . . .

4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) . .

5 Enter balance of insurance premiums for medical care not entered on line 1 . .

6 Itemize other medical and dental expenses. Include hearing aids, dentures, eyeglasses, transportation, etc.

7 Total (add lines 4, 5, and 6)

8 Enter 3% of line 17, Form 1040 . . .

9 Subtract line 8 from line 7. Enter difference (if less than zero, enter zero) . .

10 Total deductible medical and dental expenses (Add lines 1 and 9. Enter here and on line 33, below.) ▶

Taxes.

11 Real estate

12 State and local gasoline (see gas tax tables)

13 General sales (see sales tax tables) . .

14 State and local income

15 Personal property

16 Other

17 Total taxes (Add lines 11 through 16. Enter here and on line 34, below.) . . ▶

Contributions.—Cash—including checks, money orders, etc. (Itemize—see instructions on page 11 for examples.)

18 Total cash contributions

19 Other than cash (see instructions on page 12 for required statement). Enter total for such items here

20 Carryover from prior years

21 Total contributions (Add lines 18, 19, and 20. Enter here and on line 35, below.) ▶

Interest expense.

22 Home mortgage

23 Installment purchases

24 Other (itemize)

25 Total interest expense (Add lines 22, 23 and 24. Enter here and on line 36, below.) ▶

Casualty or theft loss(es)

See instructions on page 12. NOTE: If you had more than one casualty or theft loss occurrence, OMIT lines 26 through 29 and see page 12 of the instructions for guidance.

26 Loss before adjustments

27 Insurance reimbursement

28 \$100 limitation

29 Add lines 27 and 28

30 Casualty or theft loss. (Excess of line 26 over line 29. Enter here and on line 37, below.) ▶

31 Child and dependent care expenses from Form 2441. (Enter here and on line 38, below.) ▶

Miscellaneous deductions for alimony, union dues, etc. (see instructions on page 13).

32 Total miscellaneous deductions (Enter here and on line 39, below.) ▶

Summary of Itemized Deductions

A

33 Total deductible medical and dental expenses (from line 10)

34 Total taxes (from line 17)

35 Total contributions (from line 21)

36 Total interest expense (from line 25)

37 Casualty and theft loss(es) (from line 30)

38 Child and dependent care expenses (from line 31)

39 Total miscellaneous deductions (from line 32)

40 TOTAL ITEMIZED DEDUCTIONS. (Add lines 33 through 39. Enter here and on Form 1040, line 52.) . . ▶

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit (or Loss) From Business or Profession
(Sole Proprietorship)

- ▶ Attach to Form 1040.
▶ Partnerships, joint ventures, etc., must file Form 1065.

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1972

Name(s) as shown on Form 1040

Herwin and Mary Cohen

Social security number

085 28 9528

A Principal business activity Insurance Broker ; product Service
(See Schedule C Instructions) (For example: retail—hardware; wholesale—tobacco; services—legal; manufacturing—furniture; etc.)

B Business name Herwin J. Cohen C Employer Identification Number

D Business address (number and street) 350 Calrini Blvd.

City, State and ZIP code New York, N. Y. 10040

E Indicate method of accounting: (1) ☒ cash; (2) ☐ accrual; (3) ☐ other.

F Were you required to file Form 1096 for 1972? (See Schedule C Instructions) ☐ YES ☐ NO. If "Yes," where filed? ▶

G Is this business located within the boundaries of the city, town, etc., indicated? ☒ YES ☐ NO.

H Did you own this business at the end of 1972? ☒ YES ☐ NO.

I How many months in 1972 did you own this business? 12

J Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1972? ☐ YES ☒ NO.

IMPORTANT—All applicable lines and schedules must be filled in.

INCOME	1	Gross receipts or sales \$	Less returns and allowances \$	Balance ▶	31,253	58	
	2	Less: Cost of goods sold and/or operations (Schedule C-1, line 8)					
	3	Gross profit					
	4	Other income (attach schedule)					
	5	TOTAL Income (add lines 3 and 4)					
DEDUCTIONS	6	Depreciation (explain in Schedule C-2)				31,253	58
	7	Taxes on business and business property (explain in Schedule C-3)					
	8	Rent on business property				1,050	00
	9	Repairs (explain in Schedule C-3)					
	10	Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)					
	11	Insurance					
	12	Legal and professional fees				297	50
	13	Commissions				189	84
	14	Amortization (attach statement)					
	15	(a) Pension and profit-sharing plans (see Schedule C Instructions)					
		(b) Employee benefit programs (see Schedule C Instructions)					
	16	Interest on business indebtedness				128	99
	17	Bad debts arising from sales or services					
	18	Depletion					
	19	Other business expenses (specify):					
		(a) Telephone	299	73			
		(b) License	35				
	(c) Business solicitation	1,687	32				
	(d) Miscellaneous	253	25				
	(e)						
	(f)						
	(g)						
	(h)						
	(i)						
	(j)						
	(k)						
	(l)						
	(m)						
	(n)						
	(o)						
	(p) Total other business expenses (add lines 19(a) through 19(o))				2,271	30	
20	Total deductions (add lines 6 through 19)				3,850	63	
21	Net profit (or loss) (subtract line 20 from line 5). Enter here and on line 35, Form 1040. ALSO enter on Schedule SE, line 1				27,402	95	

Income Includes all Forms 1099

SCHEDULE C-1. COST OF GOODS SOLD AND/OR OPERATIONS (See Schedule C Instructions for line 2)

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	
2	Purchases \$ Less cost of items withdrawn for personal use \$ Balance ▶	
3	Cost of labor (do not include salary paid to yourself)	
4	Materials and supplies	
5	Other costs (attach schedule)	
6	Total of lines 1 through 5	
7	Less: Inventory at end of year	
8	Cost of goods sold and/or operations. Enter here and on line 2, page 1.	

Method of inventory valuation ▶

Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories? ☐ YES ☐ NO. If "Yes," attach explanation.**SCHEDULE C-2. DEPRECIATION** (See Schedule C Instructions for line 6)

Note: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after December 31, 1970, or the Guideline Class Life System for assets placed in service before January 1, 1971, you must file Form 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-11(b)(5)(vi) and 1.157(a)-12, the provisions of Revenue Procedures 62-21 and 65-13 are not applicable for taxable years ending after December 31, 1970. If you need more space, use Form 4562.

Check box if you made an election this taxable year to use ☐ Class Life (ADR) System and/or ☐ Guideline Class Life System.

a. Group and guideline class or description of property	b. Date acquired	c. Cost or other basis	d. Depreciation allowed or allowable in prior years	e. Method of computing depreciation	f. Life or rate	g. Depreciation for this year
1 Total additional first-year depreciation (do not include in items below) ▶						
2 Depreciation from Form 4832						
3 Depreciation from Form 5006						
4 Other depreciation:						
Buildings	VAR	1726.60	1233.35	SL	10 YR	70.36
Furniture and fixtures	1967	2995.05	2196.97	SL	5	599.01
Transportation equipment						
Machinery and other equipment						
Other (specify)						
5 Totals						
6 Less amount of depreciation claimed in Schedule C-1						
7 Balance—Enter here and on page 1, line 6						669.37

SUMMARY OF DEPRECIATION (Other Than Additional First Year Depreciation)

	Straight line	Declining balance	Sum of the years' digits	Units of production	Other (specify)	Total
1 Depreciation from Form 4832						
2 Depreciation from Form 5006						
3 Other						

SCHEDULE C-3. EXPLANATION OF LINES 7 AND 9

Line No.	Explanation	Amount	Line No.	Explanation	Amount
		\$			\$

SCHEDULE C-4. EXPENSE ACCOUNT INFORMATION (See Schedule C Instructions for Schedule C-4)

Enter information with regard to yourself and your five highest paid employees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$10,000, or for yourself if your expense account allowance plus line 21, page 1, is less than \$10,000.

Did you claim a deduction for expenses connected with:

- (1) Entertainment facility (boat, resort, ranch, etc.)? ☐ YES ☐ NO (3) Employees' families at conventions or meetings? ☐ YES ☐ NO
 (2) Living accommodations (except employees on business)? ☐ YES ☐ NO (4) Employee or family vacations not reported on Form W-2? ☐ YES ☐ NO

Name	Expense account	Salaries and Wages
Owner		
1		
2		
3		
4		
5		

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service**Computation of Social Security Self-Employment Tax**

- Each self-employed person must file a Schedule SE.
► Attach to Form 1040.

1972

- If you had wages, including tips, of \$9,000 or more that were subject to social security taxes, do not fill in this page.
► If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.

127

Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits.

NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)Social security number
of self-employed person

085 28 9528

Mervin J Cohen

Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) ►

Part I Computation of Net Earnings from BUSINESS Self-Employment (other than farming)

- 1 Net profit (or loss) shown in Schedule C (Form 1040), line 21. (Enter combined amount if more than one business.)
2 Net income (or loss) from excluded services or sources included on line 1.
Specify excluded services or sources
3 Net earnings (or loss) from business self-employment (Subtract line 2 from line 1, and enter here and on line 8(a), below.)

27,103

Part II Computation of Net Earnings from FARM Self-Employment**SE**

A farmer may elect to compute net farm earnings using the **OPTIONAL METHOD** (line 6, below) **INSTEAD OF THE REGULAR METHOD** (line 5, below) if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. If your gross profits from farming are not more than \$2,400 and you elect to use the optional method, you need not complete lines 4 and 5.

Computation under Regular Method

- 4 Net farm profit (or loss) from:
(a) Schedule F, line 54 (cash method), or line 74 (accrual method)
(b) Farm partnerships
5 Net earnings from self-employment from farming. Add lines 4(a) and (b).

Computation under Optional Method

- 6 If gross profits from farming are:
(a) Not more than \$2,400, enter two-thirds of the gross profits.
(b) More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600.

*Note.—Gross profits from farming are the total of the gross profits from Schedule F, line 28 (cash method), or line 72 (accrual method), plus the distributive share of gross profit from farm partnerships as explained in instructions for Schedule SE.

- 7 Enter here and on line 8(b), below, the amount on line 5 (or line 6, if you use the optional method).

Part III Computation of Social Security Self-Employment Tax

- 8 Net earnings (or loss) from self-employment—

- (a) From business (other than farming) from line 3, above
(b) From farming (from line 7, above)
(c) From partnerships, joint ventures, etc. (other than farming)
(d) From service as a minister, member of a religious order, or a Christian Science practitioner. If you filed Form 4361, check here ☐ and enter zero on this line
(e) From service with a foreign government or international organization
(f) Other (director's fees, etc.). Specify

27,103

- 9 Total net earnings (or loss) from self-employment reported on line 8.
(If line 9 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of page.)

- 10 The largest amount of combined wages and self-employment earnings subject to social security tax for 1972 is

\$9,000 00

- 11 (a) Total "FICA" wages as indicated on Form W-2
(b) Unreported tips, if any, subject to FICA tax from Form 4137, line 9
(c) Total of lines 11(a) and 11(b)

- 12 Balance (subtract line 11(c) from line 10)

- 13 Self-employment income—line 9 or 12, whichever is smaller

- 14 If line 13 is \$9,000, enter \$675.00; if less, multiply the amount on line 13 by .075

9,000

675

- 15 Railroad employee's and railroad employee representative's adjustment for hospital insurance benefits tax from Form 4469

- 16 Self-employment tax (subtract line 15 from line 14). Enter here and on Form 1040, line 62

675

Department of the Treasury
Internal Revenue Service

► **Attach to Form 1040.** ► **Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.**

1972

Social security number

Mervin and Mary Cohen

025 | 22 | 3520

D

Part II Long-term Capital Gains and Losses—Assets Held More Than 6 Months

Part III Summary of Parts I and II

14	Combine the amounts shown on lines 5 and 13, and enter the net gain or loss here	14	(1,000)
15	If line 14 shows a gain—		
	(a) Enter 50% of line 13 or 50% of line 14, whichever is smaller (see Part VI for computation of alternative tax). Enter zero if there is a loss or no entry on line 13.	15(a)	
	(b) Subtract line 15(a) from line 14. Enter here and on line 36, Form 1040	15(b)	
16	If line 14 shows a loss—		
	➤ Omit lines 16(a) and 16(b) and go to Part IV if losses are shown on BOTH lines 12(a) and 13. See instruction I.		
	➤ Otherwise,		
	(a) Enter one of the following amounts:		
	(i) If amount on line 5 is zero or a net gain, enter 50% of amount on line 14;		
	(ii) If amount on line 13 is zero or a net gain, enter amount on line 14; or,		
	(iii) If amounts on line 5 and line 13 are net losses, enter amount on line 5 added to 50% of amount on line 13	16(a)	
	(b) Enter here and enter as a (loss) on line 36, Form 1040, the smaller of:		
	(i) The amount on line 16(a);		
	(ii) \$1,000 (\$500 if married and filing a separate return—if a loss is shown on line 4(a) or 12(a), see instruction M for a higher limit not to exceed \$1,000); or,		
	(iii) Taxable income, as adjusted (see instruction L)	16(b)	(1,000)

Part IV Capital Loss Limitation—Where Losses Are Shown on Both Lines 12(a) AND 13

129

17 Enter loss from line 5; if line 5 is zero or a gain, enter a zero	17
18 Enter loss from line 13	18
19 Enter gain, if any, from line 5; if line 5 is zero or a loss, enter a zero	19
20 Reduce loss on line 18 to the extent of the gain, if any, on line 19	20
21 Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero NOTE: If the entry on line 21 is zero, OMIT lines 22 through 28, and enter on line 29 the loss shown on line 12(a).	21
22 Enter gain, if any, from line 11	22
23 Enter smaller of amount on line 21 or line 22	23
24 Enter excess of gain on line 21 over amount on line 23	24
25 Enter loss from line 4(a); if line 4(a) is blank, enter a zero	25
26 Enter gain, if any, on line 24 to the extent of loss, if any, on line 25 (see Instruction J)	26
27 Enter loss from 12(a)	27
28 Add the gain(s) on line(s) 23 and 26	28
29 Reduce the loss on line 27 to the extent of the gain, if any, on line 28 (see Instruction K)	29
30 Enter smaller of amount on line 29 or line 20 (if line 29 is zero, enter a zero)	30
31 Subtract amount on line 30 from the loss on line 20	31
32 Enter 50% of the amount on line 31	32
33 Add lines 17, 30, and 32	33
Enter here and enter as a (loss) on line 36, Form 1040, the smaller of: (a) Amount on line 33; (b) Taxable Income, as adjusted (see Instruction L); or, (c) \$1,000 (\$500 if married and filing a separate return—see Instruction M for a higher limit not to exceed \$1,000).	34

Part V Complete Part V if You are Married Filing a Separate Return and Losses are Shown on Lines 4(a) and 14. (See Instruction M).

35 Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero NOTE: If the entry on line 35 is zero, OMIT lines 36 through 42, and enter on line 43 the loss shown on line 4(a).	35
36 Enter gain, if any, from line 3	36
37 Enter smaller of amount on line 35 or line 36	37
38 Enter excess of gain on line 35 over amount on line 37	38
39 Enter loss from line 12(a); if line 12(a) is blank, enter a zero	39
40 Reduce the gain, if any, on line 38 to the extent of the loss, if any, on line 39 (see Instruction J)	40
41 Enter loss from line 4(a)	41
42 Add the gain(s) on line(s) 37 and 40	42
43 Reduce the loss on line 41 to the extent of the gain, if any, on line 42 (see Instruction K)	43

Part VI Computation of Alternative Tax (See Instruction V to See if the Alternative Tax Will Benefit You)

44 Enter amount from line 55, Form 1040	44
45 Enter amount from line 15(a)	45
46 Subtract amount on line 45 from amount on line 44 (but not less than zero)	46
47 Enter smaller of amount on line 13 or line 14 If line 47 does not exceed \$50,000 (\$25,000 if married filing separately), check this block ☐ and omit lines 48 through 54.	47
48 Enter long-term gains from certain binding contracts and installment sales (referred to as "certain subsection d gains"—see Instruction V)	48
49 Enter amount from line 48 or \$50,000 (\$25,000 if married filing separately), whichever is larger If line 49 is equal to or greater than line 47, check this block ☐ and omit lines 50 through 54.	49
50 Multiply amount on line 49 by 50%	50
51 Add amounts on lines 46 and 50	51
52 Tax on line 44 or 45, whichever is greater (use Tax Rate Schedule in instructions)	52
53 Tax on the amount on line 51 (use Tax Rate Schedule in instructions)	53
54 Subtract amount on line 53 from amount on line 52	54
55 Tax on the amount on line 46 (use Tax Rate Schedule in instructions)	55
56 If the block on line 47 or 49 is checked, enter 50% of line 45; otherwise enter 25% of line 49	56
57 Alternative Tax—add amounts on lines 54 (if applicable), 55, and 56. If smaller than the tax figured on the amount on line 55, Form 1040, enter this alternative tax on line 18, Form 1040	57

130
1972

Your social security number

~~005 23 9523~~

1 Name of payer

- ## Part II

(e) Other expenses
(Repairs, etc.—
explain below)

- ### Part III

(e) Additional 1st year appreciation (applicable only to partnerships and estates)

- ### Explanation of Column (e), Part II

Check box if you made an election this taxable year to use ☐ Class Life (ADR) System and/or ☐ Guideline Class Life System.

Summary of Depreciation (Other Than Additional First Year Depreciation)

	Straight line	Declining balance	Sum of the years-digits	Units of production	Other (specify)	Total
1 Depreciation from Form 4832						
2 Depreciation from Form 5006						
3 Other						

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your social security number

131

If you received earned income in excess of \$600 in each of any 10 calendar years before 1972, you may be entitled to a retirement income credit. If you elect to have the Service compute your tax (see page 4 of Form 1040 instructions), answer the question for columns A and B below and fill in lines 2 and 5. The Service will figure your retirement income credit and allow it in computing your tax. Be sure to attach Schedule R and write "RIC" on line 19 of Form 1040. If you compute your own tax, fill out all applicable lines of this schedule.

Married residents of Community Property States see Schedule R instructions.

Joint return filers use column A for wife and column B for husband. All other filers use column B only.

Did you receive earned income in excess of \$600 in each of any 10 calendar years before 1972? (Widows or widowers see Schedule R instructions.) If "Yes" in either column, furnish all information below in that column. Also furnish the combined information called for in column C for both husband and wife if joint return, both 65 or over, even if only one answered "Yes" in column A or B.

	A	B	C
	☐ Yes ☐ No	☐ Yes ☐ No	Alternative Computation (Combined information of husband and wife if joint return and both 65 or over)
1 Maximum amount of retirement income for credit computation	\$1,524 00	\$1,524 00	\$2,286 00
2 Deduct:			
(a) Amounts received as pensions or annuities under the Social Security Act, the Railroad Retirement Acts (but not supplemental annuities), and certain other exclusions from gross income			
(b) Earned income received (does not apply to persons 72 or over):			
(1) If you are under 62, enter amount in excess of \$900			
(2) If you are 62 or over but under 72, enter amount determined as follows:			
If \$1,200 or less, enter zero			
If over \$1,200 but not over \$1,700, enter 1/2 of amount over \$1,200; or if over \$1,700, enter excess over \$1,450			
3 Total of lines 2(a) and 2(b)			
4 Balance (subtract line 3 from line 1)			
If column A, B, or C is more than zero, complete this schedule. If all of these columns are zero or less, do not file this schedule.			
5 Retirement income:			
(a) If you are under 65:			
Enter only income received from pensions and annuities under public retirement systems (e.g. Fed., State Govts., etc.) included on Form 1040, line 17			
(b) If you are 65 or older:			
Enter total of pensions and annuities, interest and dividends included on Form 1040, line 17, and gross rents from Schedule E, Part II, column (b). Also include your share of gross rents from partnerships and your proportionate share of taxable rents from estates and trusts			
6 Line 4 or line 5, whichever is smaller			
7 (a) Total (add amounts on line 6, columns A and B)			
(b) Amount from line 6, column C, if applicable			
8 Tentative credit. Enter 15% of line 7(a) or 15% of line 7(b), whichever is greater			
9 Amount of tax shown on Form 1040, line 18			
10 Retirement income credit. Enter here and on Form 1040, line 56, the amount on line 8 or line 9, whichever is smaller. Note: If you claim credit for foreign taxes or tax free covenant bonds, skip line 10 and complete lines 11, 12, and 13, below			
11 Credit for foreign taxes or tax free covenant bonds			
12 Subtract line 11 from line 9 (if less than zero, enter zero)			
13 Retirement income credit. Enter here and on Form 1040, line 56, the amount on line 8 or line 12 whichever is smaller			

ex. 9
P. 111

13-257536
Edward J. Scherding, Jr.
233 Broadway, Room 540
New York, N.Y. 10007

Statement for Recipients of
Miscellaneous Income 1973

DUPLICATE

132 Copy B
For Recipient

Type or print PAYER'S Federal identifying number, name, address and ZIP code above

1	2	3	4	5
1	2	3	4	5

RECIPIENT'S identifying number 13-5003086

Marvin J. Cohen
350 Cabrinl Blvd.
New York, N.Y. 10040

If this form shows two or more recipients, the recipient whose Federal identifying number is shown is urged to file Form(s) 1087-MISC with the Internal Revenue Service for each of the other recipients and provide them with copies. However, a husband or wife is not required to file a Form 1087-MISC to show payments for the other.

This information is being furnished to the Internal Revenue Service and appropriate State officials.

Type or print RECIPIENT'S name, address and ZIP code above

Form 1087-MISC

An "X" in the upper left corner indicates this is a corrected form.

PAID BY
NATIONAL LIFE INSURANCE COMPANY
NATIONAL LIFE DRIVE
MONTPELIER, VERMONT
05602

Form 1087-MISC Statement for Recipients of Miscellaneous Income 1973
Copy B - For Recipient

An "X" in the upper left corner indicates this is a corrected form.

1	2	3	4	5
1	2	3	4	5

7540.53

Recipient's identifying number 0-065-26-9521

PAID BY
MARVIN J. COHEN
350 CABRINI
NEW YORK NY 10040

If this form shows two or more recipients, the recipient whose Federal identifying number is shown is urged to file Form(s) 1087-MISC with the Internal Revenue Service for each of the other recipients and provide them with copies. However, a husband or wife is not required to file a Form 1087-MISC to show payments for the other.

This information is being furnished to the Internal Revenue Service and appropriate State officials.

(TAXPAYER 18412-00)

BUSINESS INTRODUCED BY
L. F. ROTHSCHILD & CO.
80 WILLIAM STREET NEW YORK, N. Y. 10038

ATIEL & CO., INC.
RENEWAL N.Y. STOCK EXCH

DESCRIPTION
GAC PROPERTIES CREDIT
INC 124 SR DEL PAID
NLY 15 1975
REGISTERED

106 57052

DATE TAX OR DISCOUNT	COMMISSION	REG. FEE	CURR. TAX	TOTAL
600.00	235.33	50.00		1085.33

221 1

MR. MARVIN J. COHEN
130 WILLIAM STREET
NEW YORK, N.Y. 10038

07/10/72 07/10/72

TRADE DATE DELIVERY DATE

228916

TRADE NO.

DUPLICATE

BUSINESS INTRODUCED BY
L. F. ROTHSCHILD & CO.
80 WILLIAM STREET NEW YORK, N. Y. 10038

ATIEL & CO., INC.
RENEWAL N.Y. STOCK EXCH

DESCRIPTION
GAC PROPERTIES CREDIT
INC 124 SR DEL PAID
NLY 15 1975
REGISTERED

106 57

DATE TAX OR DISCOUNT	COMMISSION	REG. FEE	CURR. TAX	TOTAL
1085.33	50.00	50.00	57.75	1243.08

1085.33

MR. MARVIN J. COHEN

06/17/72 06/17/72

TRADE DATE DELIVERY DATE

2417

EXHIBIT 10 (3P)

Franklin Society Federal Savings and Loan Association
217 Broadway, New York, N.Y. 10007
I.D. No. 13-6087290

Statement for Recipients of
Interest Income 1973

133

Copy B
for Recipient

1	Earnings from deposits and loan associations, credit unions, etc. 100-INT	2	Other interest on bank deposits, etc. (Do not include amounts 1 already)	3	Interest on bank deposits, etc. only to be reported for 1973-1974
---	---	---	---	---	--

RECIPIENT'S Identification number is

HERVIN J. COHEN
350 CARRINE BLVD
NEW YORK, N.Y. 10040

ACCOUNT NUMBER

11 More than 1000 shares held in 1973-1974, the recipient
should indicate identifying number, as shown on Form 1099-INT, and the Internal Revenue Service will send the
other documents and provide the recipient with copies of the
documents as well as the recipient's Form 1099-INT to
show payments for the year.

Type or print RECIPIENT'S name, address and ZIP code above.
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE AND APPROPRIATE STATE OFFICIALS.

An "X" in the upper left corner indicates this is a
corrected form.
Department of the Treasury, Internal Revenue Service

SUBSTITUTE FORM 1099

DIVIDENDS AND OTHER DISTRIBUTIONS
8000021.00

TAXPAYER IDENTIFICATION NO.
005-28-9528

U.S. Treasury Department - Internal Revenue Service
INFORMATION RETURN
FOR CALENDAR YEAR
1973

STOCKHOLDER NO.
COH 53604

HERVIN J. COHEN
350 CARRINE BLVD
NEW YORK, N.Y. 10040

10040

BY WHOM PAID
41-0417775

MINNESOTA MINING AND MANUFACTURING COMPANY
SAINT PAUL, MINNESOTA 55101

FIRST TRUST COMPANY
OF SAINT PAUL
INTERNAL REVENUE AGENT
SAINT PAUL, MINNESOTA

DETACH AND RETAIN THIS COPY FOR YOUR INCOME TAX RECORDS

UNITED STATES INFORMATION RETURN
FOR CALENDAR YEAR 1973
COPY FOR PAYEE

IMPORTANT: This is a record of dividends paid to you by the Company, and
to the class of stock designated. These amounts will be reported to the Internal
Revenue Service in accordance with requirements. The information should be
added to you to assist in preparing your income tax return.

ACCOUNT NUMBER
300762

TAX IDENTIFICATION NO.

005-28-9528

80000340.00

THIS IS NOT A CHECK

TO WHOM PAID
HERVIN J. COHEN
269 NEW BRITAIN RD
KENSINGTON CT

BY WHOM PAID
OCCIDENTAL PETROLEUM CORPORATION
ST. LOUIS, MO 63101
95-1060570

*If your tax identification number is missing or not shown, kindly notify THE CPSS
KATLAN BANK, N.A. Agent
of Operations, Division
New York, N.Y. 10011

1099-DIV U.S. Information Return for Recipient
DIVIDENDS and DISTRIBUTIONS - 1973

COPY B
FOR PAYEE

1	Stock dividends and other distributions to shareholders (see instructions)	2	Dividends payable to shareholders	3	Dividends not payable to shareholders	4	Capital gain distributions	5	Nonqualified dividends
112.00	112.00								

HERVIN J. COHEN
350 CARRINE BLVD
NEW YORK, N.Y. 10040

Recipient's tax identification number
005-28-9528

PAID BY

Richmond Corporation
914 Capitol Street
Richmond, Va. 23219
64-0804967

UNITED STATES INFORMATION RETURN FOR CALENDAR YEAR 1973-FORM 1099

134

Account Number
• 036-067-981

Taxpayer Identification Number (TIN)
085-28-9528

Dividends Paid in 1973
\$280.00

TO
WHOM
PAID

MERVIN J COHEN
269 NEW BRITAIN AVE
KENSINGTON CONN 06037

BY
WHOM
PAID

American Telephone and Telegraph Company
195 Broadway, New York, N.Y. 10007
13-4924710

Please retain this form for your
income tax records. (See reverse
for additional information.)

If this form shows two or more recipients, the recipient whose Federal identifying number is shown is urged to file Form(s) 1087-MISC with the Internal Revenue Service for each of the other recipients and provide them with copies. However, a husband or wife is not required to file a Form 1087-MISC to show payments for the other.

Form 1099-MISC. Statement for Recipients of
Miscellaneous Income 1973
Copy B - For Recipient

This information is being furnished to the IRS and appropriate State Officials.

An "X" in the upper left corner indicates this is a corrected form.

RECIPIENT'S identifying number ▶ 085-28-9528		360 1452	
Mervin J Cohen 350 Cabrinet Blvd. New York, NY 10040		Madison Life Insurance Co. 845 Third Ave. New York, NY 10022	
Type or print RECIPIENT'S name, address and Zip Code above		Type or print PAYER'S Federal identifying number, name, address and Zip Code above 13-1975102	
1	Rents	2	Royalties
3	Commissions and fees to nonemployees (No Form W-2 items)	4	Prizes and awards to nonemployees (No Form W-2 items)
5	Other fixed or determinable income (specify)		
20.70			

1040

US

Department of the Treasury—Internal Revenue Service
Individual Income Tax Return

1973

135

For the year January 1–December 31, 1973, or other taxable year beginning

1973, ending

Please print or type

Name (If joint return, give first names and initials of both)

Mervin and Mary

Last name
CohenCOUNTY OF
RESIDENCE

New York

Your social security number

065 28 9528

Spouse's social security no.

Present home address (Number and street, include no. apartment number, or post office)

350 Cabrini Boulevard

City, town or post office, State and ZIP Code

New York, New York 10040

Occupation

Insurance Broker

Filing Status—check only one:

1 ☐ Single2 ☒ Married filing joint return (even if only one had income)3 ☐ Married filing separately. If spouse is also filing give spouse's social security number in designated space above4 ☐ Unmarried Head of Household5 ☐ Widow(er) with dependent child (Year spouse died ▶ 19)8 Presidential Election Campaign Fund.—Check ☐ if you wish to designate \$1 of your taxes for this fund. If joint return, check ☐ if spouse wishes to designate \$1. Note: This will not increase your tax or reduce your refund. See note below.

9 Wages, salaries, tips, and other employee compensation (attach Form W-2 or W-2P to front)

9

10a Dividends (See instructions on page 1) \$ 785

10b Tax exclusion \$ 100 Balance ▶

10c

685

10d (Gross amount received, if different from line 10a) \$

11 Interest income

11

1,461

57

12 Income other than wages, dividends, and interest (from line 3e)

12

1,972

10

13 Total (add lines 9, 10c, 11, and 12)

13

14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 43)

14

15 Subtract line 14 from line 13 (adjusted gross income)

15

4,118

67

If you do not itemize deductions and line 15 is under \$10,000, find tax in Tables and enter on line 16.

If you itemize deductions or line 15 is \$10,000 or more, go to line 44 to figure tax.

CAUTION: If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see instructions on page 7.16 Tax, check if from: ☒ Tax Tables 1–12 ☐ Tax Table Schedule X, Y, or Z
☐ Schedule D ☐ Schedule G ☐ Form 426 ☐ Form 4972

16

-0-

17 Total credits (from line 54)

17

18 Income tax (subtract line 17 from line 16)

18

19 Other taxes (from line 61)

19

237

76

20 Total (add lines 18 and 19)

20

237

76

21a Total Federal income tax withheld (attach Form W-2 or W-2P to front)

b 1973 estimated tax payments (include amount allowed as credit from 1972 return)

c Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return

d Other payments (from line 65)

22 Total (add lines 21a, b, c, and d)

22

23 If line 20 is larger than line 22, enter BALANCE DUE IRS

23

237

76

(Check here ☐ if Form 2210, Form 2210F, or statement is attached. See instructions on page 8.)

24 If line 22 is larger than line 20, enter amount OVERPAID

24

25 Amount of line 24 to be REFUNDED TO YOU

25

26 Amount of line 24 to be credited on 1974 estimated tax

26

Note: 1972 Presidential Election Campaign Fund Designation.—Check ☐ if you did not designate \$1 of your taxes on your 1972 return, but wish to do so. If joint return, check ☐ if spouse did not designate on 1972 return but now wishes to do so.

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

Your signature

Date

Preparer's signature (other than taxpayer)

Date

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Address (and ZIP Code)

EXHIBIT

EXHIBIT

(8 PP)

Please attach

no. on Check or Money Order. Attach here

Write so sign here

Other Dependents	(a) NAME	(b) Relationship	(c) Months lived in your home, if born or died during year, write H or D	(d) Did dependent have income of \$750 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHER, including dependent
					\$	\$ 136

27 Total number of dependents listed in column (a). Enter here and on line 6d

Part I Income other than Wages, Dividends, and Interest

28 Business income or (loss) (attach Schedule C)	28		
29 Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	29	2,972	10
30 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	30	(1,000	00)
31 Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	31		
32 Farm income or (loss) (attach Schedule F)	32		
33 Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8)	33		
34 50% of capital gain distributions (not reported on Schedule D)	34		
35 State income tax refunds (does not apply if refund is for year in which you took the standard deduction—others see instructions on page 8)	35		
36 Alimony received	36		
37 Other (state nature and source)	37		
38 Total (add lines 28, 29, 30, 31, 32, 33, 34, 35, 36, and 37). Enter here and on line 12	38	1,972	10

Part II Adjustments to Income

39 "Sick pay." (From Forms W-2 and W-2P. If not shown on Forms W-2 or W-2P, attach Form 2440 or statement.)	39		
40 Moving expense (attach Form 3903)	40		
41 Employee business expense (attach Form 2106 or statement)	41		
42 Payments as a self-employed person to a retirement plan, etc. (see Form 4848)	42		
43 Total adjustments (add lines 39, 40, 41, and 42). Enter here and on line 14	43		

Part III Tax Computation (Do not use this part if you use Tax Tables 1-12 to find your tax.)

44 Adjusted gross income (from line 15)	44		
45 (a) If you itemize deductions, enter total from Schedule A, line 41 and attach Schedule A (b) If you do not itemize deductions, enter 15% of line 44, but do NOT enter more than \$2,000. (\$1,000 if line 3 checked)	45		
46 Subtract line 45 from line 44	46		
47 Multiply total number of exemptions claimed on line 7, by \$750	47		
48 Taxable income. Subtract line 47 from line 46	48		

(Figure your tax on the amount on line 48 by using Tax Rate Schedule X, Y, or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, maximum tax from Form 4726, or special averaging from Form 4972.) Enter tax on line 16.

Part IV Credits

49 Retirement income credit (attach Form 5405)	49		
50 Investment credit (attach Form 3468)	50		
51 Foreign tax credit (attach Form 1116)	51		
52 Credit for contributions to candidates for public office—see instructions on page 9	52		
53 Work Incentive (WIN) credit (attach Form 4874)	53		
54 Total credits (add lines 49, 50, 51, 52, and 53). Enter here and on line 17	54		

Part V Other Taxes

55 Self-employment tax (attach Schedule SE)	55	237	76
56 Tax from recomputing prior-year investment credit (attach Form 4255)	56		
57 Tax from recomputing prior-year Work Incentive (WIN) credit (attach schedule)	57		
58 Minimum tax. Check here ☐ if Form 4625 is attached	58		
59 Social security tax on tip income not reported to employer (attach Form 4137)	59		
60 Uncollected employee social security tax on tips (from Forms W-2)	60		
61 Total (add lines 55, 56, 57, 58, 59, and 60). Enter here and on line 19	61	237	76

Part VI Other Payments

62 Excess FICA tax withheld (two or more employers—see instructions on page 9)	62		
63 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	63		
64 Credit from a Regulated Investment Company (attach Form 2439)	64		
65 Total (add lines 62, 63, and 64). Enter here and on line 21d	65		

Foreign Accounts Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? ☐ Yes ☒ No

If "Yes," attach Form 4683. (For definitions, see Form 4683.)

SCHEDULE C
(Form 1040)

Profit or (Loss) From Business or Profession

(Sole Proprietorship)

1973 137

▶ Attach to Form 1040. ▶ Partnerships, joint ventures, etc., must file Form 1065.

as shown on Form 1040

Social security number

Mervin and Mary Cohen

0051 281 9528

Principal business activity (see Schedule C Instructions) ▶ **Insurance Broker**; product ▶ **Service**

Business name ▶ **Mervin J. Cohen**

C Employer identification number ▶

Business address (number and street) ▶ **350 Cabrini Blvd.**

City, State and ZIP code ▶ **New York, New York 10040**

Indicate method of accounting: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other ▶

Were you required to file Form W-3 or Form 1096 for 1973? (See Schedule C Instructions.)

If "Yes," where filed ▶

Was an Employer's Quarterly Federal Tax Return, Form 941, filed for this business for any quarter in 1973?

Method of inventory valuation ▶

Was there any substantial change in

the manner of determining quantities, costs, or valuations between the opening and closing inventories? (If "Yes," attach explanation)

1 Gross receipts or sales \$	Less: returns and allowances \$	Balance ▶	4,535	03
2 Less: Cost of goods sold and/or operations (Schedule C-1, line 8)				
3 Gross profit				
4 Other income (attach schedule)				
5 Total income (add lines 3 and 4)			4,585	03

6 Depreciation (explain in Schedule C-3)

Taxes on business and business property (explain in Schedule C-2)

Rent on business property

9 Repairs (explain in Schedule C-2)

10 Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself)

11 Insurance

12 Legal and professional fees

13 Commissions

14 Amortization (attach statement)

15 (a) Pension and profit-sharing plans (see Schedule C Instructions)

(b) Employee benefit programs (see Schedule C Instructions)

16 Interest on business indebtedness

17 Bad debts arising from sales or services

18 Depletion

19 Other business expenses (specify):

(a)				
(b)	Telephone	150	55	
(c)	Insurance License	45		
(d)	Real Estate License	50		
(e)	Customer Solicitation	432	38	
(f)	Miscellaneous	60		
(g)				
(h)				
(i)				
(j)				
(k)	Total other business expenses (add lines 19(a) through 19(i))	737	93	

20 Total deductions (add lines 6 through 19) **1,612** **93**

21 Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 28. ALSO enter on Schedule SE, line 5(a) **2,972** **10**

SCHEDULE C-1—Cost of Goods Sold and/or Operations (See Schedule C Instructions for Line 2)

1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)				
2 Purchases \$	Less: cost of items withdrawn for personal use \$	Balance ▶		
3 Cost of labor (do not include salary paid to yourself)				
4 Materials and supplies				
5 Other costs (attach schedule)				
6 Total of lines 1 through 5				
7 Less: Inventory at end of year				
8 Cost of goods sold and/or operations. Enter here and on line 2 above				

Part IV Capital Loss Limitation—Where Losses Are Shown on Both Lines 12(a) AND 13

140

17 Enter loss from line 5, if line 5 is zero or a gain, enter a zero	17
18 Enter loss from line 13	18
19 Enter gain, if any, from line 5; if line 5 is zero or a loss, enter a zero	19
20 Reduce loss on line 18 to the extent of the gain, if any, on line 19	20
21 Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero NOTE: If the entry on line 21 is zero, OMIT lines 22 through 28, and enter on line 29 the loss shown on line 12(a).	21
22 Enter gain, if any, from line 11	22
23 Enter smaller of amount on line 21 or line 22	23
24 Enter excess of gain on line 21 over amount on line 23	24
25 Enter loss from line 4(a); if line 4(a) is blank, enter a zero	25
26 Reduce gain, if any, on line 24 to the extent of loss, if any, on line 25 (see Instruction J)	26
27 Enter loss from line 12(a)	27
28 Add the gain(s) on line(s) 23 and 26	28
29 Reduce the loss on line 27 to the extent of the gain, if any, on line 28 (see Instruction K)	29
30 Enter smaller of amount on line 29 or line 20 (if line 29 is zero, enter a zero)	30
31 Subtract amount on line 30 from the loss on line 20	31
32 Enter 50% of the amount on line 31	32
33 Add lines 17, 30, and 32	33
34 Enter here and enter as a (loss) on line 25, Form 1040, the smallest of: (a) Amount on line 33; (b) \$1,000 (\$500 if married and filing a separate return—see Instruction M for a higher limit not to exceed \$1,000); or, (c) Taxable income, as adjusted (see Instruction L)	34

Part V Complete Part V if You are Married Filing a Separate Return and Losses are Shown on Lines 4(a) and 14. (See Instruction M).

35 Combine lines 3 and 11 and if gain, enter gain; if zero or a loss, enter a zero NOTE: If the entry on line 35 is zero, OMIT lines 36 through 42, and enter on line 43 the loss shown on line 4(a).	35
36 Enter gain, if any, from line 3	36
37 Enter smaller of amount on line 35 or line 36	37
38 Enter excess of gain on line 35 over amount on line 37	38
39 Enter loss from line 12(a); if line 12(a) is blank, enter a zero	39
40 Reduce the gain, if any, on line 38 to the extent of the loss, if any, on line 39 (see Instruction J)	40
41 Enter loss from line 4(a)	41
42 Add the gain(s) on line(s) 37 and 40	42
43 Reduce the loss on line 41 to the extent of the gain, if any, on line 42 (see Instruction K)	43

Part VI Computation of Alternative Tax (See Instruction V to See if the Alternative Tax Will Benefit You)

44 Enter amount from line 48, Form 1040	44
45 Enter amount from line 15(a)	45
46 Subtract amount on line 45 from amount on line 44 (but not less than zero)	46
47 Enter smaller of amount on line 13 or line 14 If line 47 does not exceed \$50,000 (\$25,000 if married filing separately), check here ☐ and omit lines 48 through 54.	47
48 Enter long-term gains from certain contracts and installment sales referred to as "certain subsection (d) gains" (see Instruction V)	48
49 Enter amount from line 48 or \$50,000 (\$25,000 if married filing separately), whichever is larger If line 49 is equal to or greater than line 47, check here ☐ and omit lines 50 through 54.	49
50 Multiply amount on line 49 by 50%	50
51 Add amounts on lines 46 and 50	51
52 Tax on line 44 or 45, whichever is greater (use Tax Rate Schedule in instructions)	52
53 Tax on the amount on line 51 (use Tax Rate Schedule in instructions)	53
54 Subtract amount on line 53 from amount on line 52	54
55 Tax on the amount on line 46 (use Tax Rate Schedule in instructions)	55
56 If the block on line 47 or 49 is checked, enter 50% of line 45; otherwise enter 25% of line 49	56
57 Alternative Tax—add amounts on lines 54 (if applicable), 55, and 56. If smaller than the tax figured on the amount on line 48, Form 1040, enter this alternative tax on line 16, Form 1040	57

Computation of Social Security Self-Employment Tax

▶ Each self-employed person must file a Schedule SE.
▶ Attach to Form 1040.

1973

- If you had wages, including tips, of \$10,800 or more that were subject to social security taxes, do not fill in this form.
- If you had more than one business, combine profits and losses from all your businesses and farms on this Schedule SE.

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Important.—The self-employment income reported below will be credited to your social security record and used in figuring social security benefits.

NAME OF SELF-EMPLOYED PERSON (AS SHOWN ON SOCIAL SECURITY CARD)

Social security number
of self-employed person

085 : 28 : 9528

Mervin J. Cohen

Business activities subject to self-employment tax (grocery store, restaurant, farm, etc.) ▶

- If you have only farm income complete Parts I and III.
- If you have only nonfarm income complete Parts II and III.
- If you have both farm and nonfarm income complete Parts I, II, and III.

Part I Computation of Net Earnings from FARM Self-Employment

SE

A farmer may elect to compute net farm earnings using the **OPTIONAL METHOD**, line 3, instead of using the **Regular Method**, line 2, if his gross profits are: (1) \$2,400 or less, or (2) more than \$2,400 and net profits are less than \$1,600. However, lines 1 and 2 must be completed even if you elect to use the **FARM OPTIONAL METHOD**.

1 REGULAR METHOD—Net profit or (loss) from:

(a) Schedule F, line 54 (cash method), or line 74 (accrual method)

(b) Farm partnerships

2 Net earnings from farm self-employment (add lines 1(a) and 1(b))

3 FARM OPTIONAL METHOD—If gross profits from farming are:

(a) Not more than \$2,400, enter two-thirds of the gross profits

More than \$2,400 and the net farm profit is less than \$1,600, enter \$1,600

¹ Gross profits from farming are the total gross profits from Schedule F, line 28 (cash method), or line 72 (accrual method), plus the distributive share of gross profits from farm partnerships (Schedule K-1 (Form 1065), line 15) as explained in instructions for Schedule SE.

4 Enter here and on line 12(a), the amount on line 2, or line 3 if you elect the farm optional method

Part II Computation of Net Earnings from NONFARM Self-Employment

5 REGULAR METHOD—Net profit or (loss) from:

(a) Schedule C, line 31. (Enter combined amount if more than one business.)

(b) Partnerships, joint ventures, etc. (other than farming)

(c) Service as a minister, member of a religious order, or a Christian Science practitioner. (include rental value of parsonage or rental allowance furnished.) If you filed Form 4361, check here ☐ and enter zero on this line

(d) Service with a foreign government or international organization

(e) Other (director's fees, etc.). Specify ▶

6 Total (add lines 5(a), 5(b), 5(c), 5(d), and 5(e))

7 Enter other adjustments (attach statement)

8 Adjusted net earnings or (loss) from nonfarm self-employment (line 6, as adjusted by line 7)

If line 8 is \$1,600 or more **OR** if you do not elect to use the Nonfarm Optional Method, omit lines 9 through 11 and enter amount from line 8 on line 12(b), Part III.

Note: You may use the nonfarm optional method (line 9 through line 11) only if line 8 is less than \$1,600 and less than two-thirds of your gross nonfarm profits,² and you had actual net earnings from self-employment of \$400 or more for at least 2 of the 3 following years: 1970, 1971, and 1972. The nonfarm optional method can only be used for 5 taxable years.

² Gross profits from nonfarm business are the total of the gross profits from Schedule C, line 3, plus the distributive share of gross profits from nonfarm partnerships (Schedule K-1 (Form 1065), line 15) as explained in instructions for Schedule SE. Also, include gross profits from services reported on lines 5(c), 5(d), and 5(e), as adjusted by line 7.

9 NONFARM OPTIONAL METHOD:

(a) Maximum amount reportable, under both optional methods combined (farm and nonfarm)

(b) Enter amount from line 3. (If you did not elect to use the farm optional method, enter zero.)

(c) Balance (subtract line 9(b) from line 9(a))

10 Enter two-thirds of gross nonfarm profits² or \$1,600, whichever is smaller

11 Enter here and on line 12(b), the amount on line 9(c) or line 10, whichever is smaller

2,972

2,972

\$1,600 00

142

- 12 Net earnings or (loss):**
- (a) From farming (from line 4)
- (b) From nonfarm (from line 8, or line 11 if you elect to use the nonfarm Optional Method)
- 13 Total net earnings or (loss) from self-employment reported on line 12. (If line 13 is less than \$400, you are not subject to self-employment tax. Do not fill in rest of form.)**
- 14 The largest amount of combined wages and self-employment earnings subject to social security tax for 1973 is**
- | | | | |
|--|--|----------|----|
| | | \$10,800 | 00 |
| | | | |
| | | | |
| | | | |
- 15 (a) Total "FICA" wages as indicated on Forms W-2**
- (b) Unreported tips, if any, subject to FICA tax from Form 4137, line 9**
- (c) Total of lines 15(a) and 15(b)**
- 16 Balance (subtract line 15(c) from line 14)**
- 17 Self-employment income—line 13 or 16, whichever is smaller**
- 18 If line 17 is \$10,800, enter \$864.00; if less, multiply the amount on line 17 by .08**
- 19 Railroad employee's and railroad employee representative's adjustment for hospital insurance benefits tax from Form 4469**
- 20 Self-employment tax (subtract line 19 from line 18). Enter here and on Form 1040, line 55**
- You may use this space to make adjustments to your self-employment tax.

You may use this space to make any needed computations

COPY

Social Security Benefit Information

143

From: Bureau of Retirement and Survivors Insurance
Northeastern Program Center, Flushing, New York 11368

Date:

January 2, 1974

Your Claim Number:

085-28-9528 A

Mervin J Cohen
350 Cabrini Blvd
New York NY 10040

We are sending a check for \$ 552.80 within a few days, which is due for the reason(s) below:

- ☐ Payment of Supplemental Lump Sum.
- ☒ Payment of underpayment due October 1972 through November 1972
- ☐ Payment of an amount previously due or withheld.
- ☐ Amount due because of an increase in rate.
- ☐ Check(s) returned by the former payee is (are) now payable to you.
- ☐ Payment is in addition to your regular monthly benefit check.
- ☐ Refund of benefits withheld because of work.
- ☐ Refund of excess medical insurance premiums.

No further payment can be made until you present the additional evidence required that you performed no substantial services in any other months.

If you have questions about your claim, you may get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this notice with you.

EXHIBIT

12
(21P)

Important: See other side for explanation of your appeal rights and other information.

Department of Health, Education, and Welfare
Social Security Administration

SSA-LS63 (1-74)

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration you must request it not later than 6 months from the date of this notice. You may make your request through my social security office. If additional evidence is available, you should submit it with your request.

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1. How your work and earnings affect your benefits

If you earn \$2,400 or less in a taxable year (usually January through December) ending after December 1973, nothing will be withheld from your benefits.

If you earn more than \$2,400 in a year, \$1 will be withheld from your benefits for each \$2 of earnings above \$2,400. You will never have more than \$1 in benefits withheld for each \$2 of earnings above \$2,400.

However, regardless of total earnings in a year, benefits are payable for any month in which you neither earn wages of more than \$200 nor perform substantial services in self-employment.

Benefits are also payable for all months in which you are 72 or older, regardless of the amount of your earnings in or after the month you reach 72.

2. Report any significant change in your work and earnings to any social security office

The amount of benefits payable to you for this taxable year has been determined on the basis of your work status at the time you made your annual report of earnings for last year and on the amount of earnings you expected for this year as shown on that report. You should report promptly to any social security office any change which will affect your payments, such as:

- a. If you go to work while under age 72 and expect to earn over \$2,400 in the year;
- b. If you have previously reported that you expect to earn over \$2,400 from work, but
 - (1) You stop work; or
 - (2) You do not earn over \$200 for any month and you do not perform substantial services in self-employment; or
 - (3) You expect to earn substantially more or less in the year than you previously told us.

Prompt reports enable us to make adjustments to your benefits payments when you have income from work. Delayed reports make it necessary for us to withhold benefits during periods when you may not have income from work.

Any difference between the amount of benefits withheld based on your estimate of earnings and the amount that must be withheld on the basis of your actual earnings will be adjusted after the close of the year when you file your next annual report.

Department of Health, Education, and Welfare
Social Security Administration

If you have any questions about reporting, you should get in touch with any social security office.

3. Information about medical insurance premiums

- a. *If monthly social security benefits are being paid to you now—*

If your premiums are paid up-to-date, 1 month's premium will be withheld from your benefit check each month.

If you owe premiums for last year, the full amount owed will be withheld from your next check.

If you owe premiums only for this year, only 1 month's premium will be withheld from your next check and the end of the year we will make an adjustment for other premiums owed.

Any excess premiums paid in advance will be refunded to you in a separate check.

- b. *If monthly social security benefits are not being paid to you now—*

If this is the first time your benefits are being withheld this year, you will be billed for any premiums you owe.

If your benefits were withheld earlier this year, we will make an adjustment for any premiums due.

4. Information about overpayments

If you wish to repay the overpayment by installments or have a smaller amount withheld from your social security check over a longer period of time, get in touch with any social security office.

Any overpayment must be withheld from benefits or paid back unless the following statements are true:

- a. The overpayment wasn't your fault in any way and you cashed the check(s) because you thought they were correctly paid to you, and
- b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security checks, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should call, write, or visit any social security office to discuss the matter. The people there may ask you about your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

(1-74)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol)

085-28-9528A

145

REVIEWING OFFICE

TO: NY P BIR CH SF DBS KC DFC SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

MERVIN COHEN

PERSON(S) CONTACTED AND ADDRESS(ES):

☒ WE OR SE PERSON

☐ OTHER (Specify)

CONTACT MADE:

☒ DB ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER (Specify)

DATE OF CONTACT

3/15/73

SUBJECT:

W/E told me that he was insurance broker & real estate broker at 135 William St. In June of 1971 he "gave" his business, life & accident insurance only to Hufbar Associates Inc at 150 Nassau St. He has to get a % of the commission but has not received anything (he says)

He continued working out of their 150 Nassau St office 2 days a week. He claims not to have worked Jan & Feb 1972, half of March or from June 1972 or July 27, 1972 on. Part of the time he was in hospital (he will present proof) part of the time he was at home with his "nerves" - & did not go to a doctor.

How much did he make in 1972? He cannot yet give me figures. It was "substantial". He returned to work this past Tuesday as is expecting to rent a room very shortly in suite of First Atlantic Realty Inc at 545 Fifth Ave. He will give life insurance business to someone else & concentrate on selling real estate.

I gave him 745 to read & sign. He read

SIGNATURE

G. Dandan

DISTRICT OFFICE

Manhasset Neck, NY

☒ CR

☐ FR

☐ SR

☐ CLAIMS

☐ CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

3/15/73

EXHIBIT 13

(SPP)

DO NOT WRITE IN MARGIN

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol)

085-28-9528 D

146

REVIEWING OFFICE

TO: NY P BIR CH SF DBS KC DFC SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

MERVIN LONEN

PERSON(S) CONTACTED AND ADDRESS(ES): ☒ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER (Specify)

DATE OF CONTACT

SUBJECT:

it - but did not sign it. He said he would obtain tax return ^{1971 & 1972} & figures going back to 1967 from accountant & mail them in.

I am writing R/C to give part of interview since 795 was not signed

DO NOT WRITE IN MARGIN

SIGNATURE

G. Dander

DISTRICT OFFICE

Wash DC, N.Y.

☒ ☐ FR ☐ SR ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

3/15/73

PAGE OF

REPORT OF CONTACT
(USE INK OR TYPEWRITER)

TOK-420 S/E - claiming on subject

ACCOUNT NUMBER (and symbol)

035-28-95-28 p server

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

Murphy, Walter

1967 on!!)

147

VIEWING OFFICE

TO NY P BIR CH SF DBS KC DFC SA

PERSON(S) CONTACTED AND ADDRESSES:

☐ WE OR SE PERSON

☐ OTHER (Specify)

CLAIMS

NYPC MAR 16 1973

CONTACT MADE:

☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER (Specify)

DATE OF CONTACT

3/15/73

SUBJECT:

W/E claims he gave us a statement 2 months ago so months w/40 claiming checks back to 1967 for these months. (As S/E substantial service accumulated, not w/40, of course)

Nothing here. If 1719 was sent down you are probably perusing the files.

I have no knowledge of any development we undertaken previously at all.

I am sending this down to alert you to what we now have in file - & advising no payments until we have some substantiations like "hospital bill"

We will obtain 1971-72 tax returns; if in light of what you already have in file you wish this development please inform.

SIGNATURE

E. D. Dwyer

DISTRICT OFFICE

Wash DC, NY

☐ SCR

☐ FR

☐ SR

☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

3/15/73

PAGE OF

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol)

005-28-9528A

148

REVIEWING OFFICE

NY BIR CH SF DBS KC DFC SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

MERVIN CONN

PERSON(S) CONTACTED AND ADDRESS(ES): ☒ PERSON ☐ OTHER (Specify)

CONTACT MADE:

☒ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER (Specify)

DATE OF CONTACT

3/15/73

SUBJECT:

W/E has been working his claims 7 hours a day, 2 days a week since 1967. - to say 14 hours weekly x 4 1/2 weeks gives him 60 hours a month - substantial services - even though we take his word for it - and I see no reason to.

He admitted his earnings in 1972 were substantial - though he admits to no work at all only half of March, April & May. W/E has been in hospital & will present record of this. He can be paid for. For the 7 months not seeing a doctor but because of "nerves" - I see no reason to buy. We might try contact with Hoffer Associates Inc - 150 Nassau St to verify if he was in their office.

He plans to go back to 1967 & claim months when he was not performing substantial services. Since no checks are possible at this late date I see no reason to accept any of his statements unless there are proofs like

SIGNATURE

G. D. D. D.

DISTRICT OFFICE

Wash, DC, NY

☒ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

3/15/73

PAGE OF

DO NOT WRITE IN MARGIN

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol)

085-28-9528 A

149

REVIEWING OFFICE

TO: NY P BIR CH SF DBS KC DFC SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

MERVIN CONER

PERSON(S) CONTACTED AND ADDRESS(ES):

☐ WE OF SE
PERSON

☐ OTHER
(Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER
(Specify)

DATE OF CONTACT

SUBJECT:

hospital bills, European trip proved by
passport etc

Wife's claimed 60 hours monthly do
not entitle him to payment. Further, in
selling insurances there are visits to clients
(including travel time 18 I doubt if this was
included in his estimate of 3 days of work.

He is continuing in business seems to
be negotiating for a room at 505 Fifth Ave but
just message service or desk space - but his
own room) - since rooms are fairly expensive
at such an address I would presume he will
be active in 1973. (cannot give estimate - might
have a few small things or large commission - he says
suspend payments. Pay only for
proven months of no substantiated services.

SIGNATURE

E. Darden
Washington, DC, 14

DISTRICT OFFICE

☒ CR ☐ FR ☐ SR ☐ CLAIMS
CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

3/15/73

PAGE OF



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved
Budget Bureau No. 72-R0442

Read - but not signed
3/15/73 150
E. D. Baker
C.R.

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON MERVIN CONEN	SOCIAL SECURITY NUMBER 085-28-4528 A
NAME OF PERSON MAKING STATEMENT (If other than above wage earner or self-employed person)	RELATIONSHIP TO WAGE EARNER OR SELF-EMPLOYED PERSON

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

My BUSINESS WAS MERVIN J. CONEN
at 135 WILLIAM ST. NY AS REAL ESTATE
+ INSURANCE BROKER, IN JUNE OF 1971
I GAVE THE BUSINESS TO HOFER ASSOCIATES
INC. AT 150 NASSAU ST. ONE OF THE
ASSOCIATES IS MARVIN ROSKEY (227-3250)
SINCE 1967 I HAVE BEEN WORKING ONLY
2 DAYS A WEEK AT ABOUT 7 HOURS A DAY.
DURING 1972 I DID NOT WORK JANUARY OR FEBRUARY
1972. I DID NOT GO TO THE OFFICE AT 150
NASSAU STREET. NOR DID I WORK HALF OF
MARCH 1972. I DID NOT GO INTO THE OFFICE
AT ALL THE MONTH OF JUNE 1972, FROM
JULY 27 ON UNTIL THIS PAST WEEK I HAVE
NOT WORKED AT ALL. I WENT BACK TO WORK
TUESDAY OF THIS WEEK SINCE I SOLD
TO HOFER (I SOLD MY FIRE + INSURANCE BUSINESS)
I CONTINUED WITH THE LIFE INSURANCE POLICY
BUSINESS MYSELF, BEGINNING MARCH 1973

Form SSA-795 (2-71)

(OVER)

EXHIBIT 14

EXHIBIT

(200)

I AM HAVING SOMEONE ELSE DO THE LIFE
INSURANCE WORK & I WILL CONCENTRATE
ON THE REAL ESTATE BUSINESS ONLY.
I HAVE BEEN A REAL ESTATE BROKER
PREVIOUSLY BUT I HAVE MADE FEW SALES

I AM EXPECTING TO OPEN AN OFFICE
AT 505 FIFTH AVE. C/O FIRST ATLANTIC REALTY
INC. 1661-9855-JACK CHANLER-ROOM IN SUITE)
I WILL WORK TWO DAYS A WEEK TUESDAYS
& THURSDAYS.

I know that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law. I affirm that the above statements are true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN
HERE

Telephone Number

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

City and State

ZIP Code

Enter Name of County (if any) in which you now live

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)

NEPC

REQUEST FOR POSTENTITLEMENT INFORMATION

WS 152

DATE OF REQUEST 12/17/73	CROSS REFERENCE ACCOUNT NUMBER	CLAIM NUMBER 085-28-117
TO: NY PH BI CH KC SF BDI DIO		WAGE EARNER Merrin Cohen
FROM:		BENEFICIARY (If other than WE)
UNIT Post		CONTACT INFORMATION
SOCIAL SECURITY ADMINISTRATION 4292 Broadway NY NY 10033		NAME (If other than beneficiary)
INFORMATION REQUESTED		RELATIONSHIP
		TELEPHONE NO. WH 4-117
		ADDRESS 350 Cabrini Blvd NY NY 10033

Please inform wife of present status of his claim which has been held up on a SGA matter. Wife say he submitted sale agreement of business and has done so SGA since 72. IF immediate payment can be made please let it if it cannot notify wife of reasons why not, and what questions remain unresolved and what new documents need be submitted.

REPLY

2/12/74

TELEPHONE CONTACT WITH WIFE ADVISED HIM OF THE OUTSTANDING MEMO OF 2/5/74 AND TOLD HIM TO CONTACT D/O CONCERNING NECESSARY PROOFS.

EXHIBIT 15

W. NORDEN #1341-12

C. LUNIN

DIRECTOR OF OPERATIONS

DATE FURNISHED

2/25/74

SSA-2339 (9-71)

CLAIMS FOLDER COPY

PREPARED BY

W. NORDEN #1341-12

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

153

085-28-9525

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO: NY P BIR CH KC SF DBL DIO SA

MERVIN COIRON

PERSON(S) CONTACTED AND ADDRESSES:

☐ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE

☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE

☐ OTHER

DATE OF CONTACT

2/22/74

SUBJECT

There must be a voluminous file in your office re W/E.

He claimed he had spoken to a Mr. Brodsky in NYPC who had told him 2 weeks ago we would have a 525 on him sent to us. He came in to "fill this out"

When I could find nothing in the office he complained that he had been on line since 7 am to get into the office and waited until now(it was about 10:15) to see someone about it and that he was losing money as he could have been spending his time going out and doing something. Which makes it fairly obvious that he is still working as an insurance agent.

Please peruse your file and out line further development wanted.

He had income of \$27,000 from his business in 1972. His contention is that her performed no substantial services in 1972 despite his income.

His income for 1973 is unknown as yet--of course he is claiming no substantial services, whatever the income is.

W/E obviously cannot be paid for 1974 since he is performing services and payment would have to wait upon his tax returns to show what he made for 1973.

It should also be noted that before he took his business into his

home he did have office with various other workers in 1971, 1972 and 1973--

see R/C and his statement. (again he claims he was never in these

offices- always sick etc. It is also perfectly obvious despite his claims of being too sick to work--W/E was very forceful, energetic and absolutely determined while he was at the desk--and he certainly is not too sick to work at present.

Example file - forward further development wanted

SIGNATURE

DISTRICT OFFICE

E. Darden
Nashville, TN, 44

☒ WR ☐ FR ☐ SR ☐ CLAIMS ☐ CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

2/22/74

EXHIBIT 16

(444)

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

085-28-9528 R 154

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO NY P BIR CH KC SF DBS DIO SA

MERVIN J. COYNE

PERSON(S) CONTACTED AND ADDRESSES

☒ W/E OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ SC ☐ HOME ☐ PHONE:

☐ OTHER

DATE OF CONTACT

2-22-74

SUBJECT

W/E was able to earn over \$1,000 net in 1971. He admittedly was supposed to stay two days a week at the office of Hofbar but claims he did not do so. Since he is an insurance salesman, the amount of time he spent in the office is really immaterial since most of his time is spent making contacts at peoples homes. We are not going to be able to get any details about this. W/E has a whole history during interview of evasive tactics. He claims to have been suffering over long periods from nerves and have been unable to work-- but has not been going to a doctor. My impression of W/E at the desk is that the only nerves he suffers from is nerve--an aggressive, pushy demanding determination to get checks from us.

Today when I could not find his file he complained that he was in the office since 9:30 am, that it was now 10:15 and that he was wasting valuable time since He could have been out making some money. This obviously is not a comment by a man no longer working.

In 1972 he netted over \$27,000--he claims that this was mainly from profit on a new policy--that he sent a letter from John Hancock that he did not solicit this business, make the policy or receive the check. There is no letter in our file--nor I gather in yours. But again I would consider the fact immaterial. He admits to having desk space during this period of time and I see no reason to take seriously his claim that he paid for space which he never used. His business is such that a check on the amount of time he spent in his office would yield nothing

SIGNATURE

DISTRICT OFFICE

G. Darden
Workyts Hts NC

☒ ☐ FR ☐ SH ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

PAGE 1 OF 3

DO NOT WRITE IN MARG.

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

085-28-9528A 155

REVIEWING OFFICE

TO: NY P BIR CH KC SF DBS DIO SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

MERVIN J Cohen

PERSON(S) CONTACTED AND ADDRESSES

☒ W/E OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ SC ☐ HOME ☐ PHONE

☐ OTHER

DATE OF CONTACT

2-23-74

SUBJECT

pertinent as his time is spent outside visiting customers to sell term life insurance. He could obviously take care of his records and phone calls from his office or his home--where he admittedly has been doing business.

Judging by the amount of his 1972 earnings W/E has been performing substantial services. It should be noted that he grossed \$31,253.58 in 1972; that amongst his deductions were \$299.73 for telephone and \$1,687.32 for Business Solicitation--scarcely deductions for doing absolutely no work at all--though his 1972 expenses are considerably less than 1971 when he deducted \$914 plus for telephone and \$1398.55 for entertainment & Travel (I presume the \$1,687.32 for business solicitation in 1972 was for the equivalent of travel and entertainment).

My conclusion is that W/E was actively engaging in business in all of 1971 and of 1972 except when he was actually in hospital.

I have no estimate for 1973 of his earnings--but it is obvious from his remark at the desk and his admission that he is actively in business.

I should also like to point out that W/E informed me when looking over his own tax returns that he was an accountant. He is clearly and sharply aware of any possible rights he might have. The fact that he waited until August 1973 to try and collect back to June 1971--while being very aware of his rights all the time was I suspect due to the fact that with sufficiently elapsed time it would be more

SIGNATURE

G. Dude

DISTRICT OFFICE

Wadsworth, NY, NY

☐ CR ☐ FR ☐ ISN ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

3/13/74

PAGE 2 of 3

DO NOT WRITE IN MARG

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

035-78-9528 156

REVIEWING OFFICE

TO: NY P BIR CH KC SF DBS DIO SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

Merwin J. Cohen

PERSON(S) CONTACTED AND ADDRESSES

☒ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE

☐ DO ☐ BO ☐ SC ☐ HOME ☐ PHONE

☐ OTHER

DATE OF CONTACT

2-22-74

SUBJECT

DO NOT WRITE IN MARG

~~It is~~ difficult to check on any possible activities--that is to the amount of time he actually spent in his offices. However, as I said previously, due to the nature of his business--namely time spent visiting and soliciting at peoples homes and offices as an insurance agent the check on amount of time spent in his ~~385388~~ office as indication of substantial services is quite immaterial.

However he is claiming he was in the hospital for about 5 months July 1972 to end of year, and again September 1973 to beginning of December 1973.

If he can substantiate these periods of non activity he can be paid for these months--he actually seems to have proven he was in hospital October or November 1972.

He is being requested to submit additional proofs by formal letter. (He was for these at desk in interview but answer was just silence--and then everything is on file in Flushing.)

Excepting proofs of addition months of illness W/E should be kept in suspension for all of 1971 and 1972 and 1973 (unless his earnings were sufficiently low which I doubt). W/e's earnings as insurance salesman continue to be mostly on new policies without much on renewal commission I gather---further he is obviously actively operating from his home. We must therefor assume that her performed substant services in all months except those in which he was in the hospital---with perhaps a month after his return from the hospital when we can presume he was recovering at home.

SIGNATURE

G. Darden

DISTRICT OFFICE

Washg. N.B. 41

☒ R ☐ FR ☐ SH ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

PAGE 3 OF 3



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved
Budget Bureau No. 72-R0442

157

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>MERVIN LUGER</i>	SOCIAL SECURITY NUMBER <i>035-25-9528</i>
NAME OF PERSON MAKING STATEMENT (If other than above wage earner or self-employed person)	RELATIONSHIP TO WAGE EARNER OR SELF-EMPLOYED PERSON

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

I have been sick since 1968 and as a result have been able to

attend to my business only in a desultory way, not being in all the time

and because of illness I sold the business in June 1971 to Hofbar.

There is a letter in your files from John Hancock showing they got application and arranged for coverage on new policies from which I received major portion of my 1972 income. I am claiming that this should not be counted as part of my income so far as social security is concerned since I neither solicited, arranged for nor made up the policy—I simply received the commission.

This 1972 income of \$27,102.95 was partly from Hofbar for sale of business and commission received from John A Newman Associates 135 William St for policies issued on lives of Anthony T Araneo and Phillip S Miller officers of Mohawk Construction—Mr. Newman saw the customer, secured the application, delivered the policies and secured the check. I just received commission on new policy as broker and believe it should ~~not~~ be considered as though it was a renewal.

In 1971, after selling my business to Hofbar I was supposed to come in 2 days a week. I did not show up regularly and December 1971 they threw my records out of office and into storage in floor below. I received no check from Hofbar since first part of 1972.

Form SSA-795 (2-71)

(OVER)

EXHIBIT 17
(2pp)

I was at home until March 1972 when I took desk space with Mr. [redacted] at 135 William street. Since I did no business I took files home and tried to work from there until July 1972 when I went into hospital and was there for about 6 months. I then tried to get started from free office with Mag Realty Co-269 New Britain Road, Kensington Conn. After 4 months I came back into New York as I was doing no business. September 1973 I was in hospital for a month and was then day patient to beginning of December 1973. Since January 1974 I have been doing a little work from home--no income so far. Indeed I have had no income since 1972 since the income from business on tax returns for 1972 were due on commission from policies that I did not handle at all--just received commission for it. I do not think this should count as 1972 income.

* I DID NOT APPEAR IN THE OFFICE - JUST MADE A COUPLE OF CALLS. PYON WAS INSTALLED - BUT I MADE NO CALLS FROM THIS OFFICE - I WAS NOT IN CONDITION TO WORK.

I know that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law. I affirm that the above statements are true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN
HERE

Telephone Number

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

City and State

ZIP Code

Enter Name of County (if any) in which you now live

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

085-28-9528 159

REVIEWING OFFICE

TO: NE MAT SE GL MAM WN BDI DIO SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

Mervin Cohen

PERSON(S) CONTACTED AND ADDRESSES

☒ WAGE OR SELF-EMPLOYED PERSON ☐ OTHER (Specify)

CONTACT MADE

☒ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE

☐ OTHER

DATE OF CONTACT

8/15/74

SUBJECT

After a heated discussion with Mr. Cohen, he refused to sign a statement or produce any new evidence. He stated that he refused to produce any new evidence of substantial services for past years until he received payments for ~~past years~~ months in which he was in the hospital. When it was explained that this wasn't possible, he refused to participate further in any development of his self-employment activities. He claims that Mr. Cooper and Mr. Greenblatt of NEPC assured him that he could receive checks for the months he was hospitalized, without signing any waiver of further reconsideration for other months of 1971 and 1972. He felt that the memo contradicted that statement and so would cooperate no further.

SIGNATURE

Bruce Carter

DISTRICT OFFICE

Wash. Hts.

☒ CR ☐ ER ☐ SR

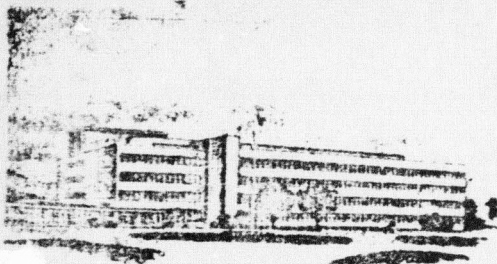
OTHER (Specify)

DATE OF REPORT

EXHIBIT 18

PAGE OF

DO NOT WRITE IN MARGINS



FOUNDED 1880 • PURELY MUTUAL

NATIONAL LIFE INSURANCE COMPANY

160

MONTPELIER, VERMONT 05602

JOHN A. NEWMAN
GENERAL AGENT

JOHN A. NEWMAN AGENCY
135 WILLIAM STREET
NEW YORK, N.Y. 10038
TELEPHONE (212) 962-4434

April 2, 1974

Mr. Mervin J. Cohen
350 Cabrini
New York, N.Y. 10040

Dear Mr. Cohen:

At your request please be advised of the following:

the applications on the life of Philip Miller, policies 1428491 and 1427294 and the life of Anthony J. Marston, policy no. 1421139 was secured for by this office and particularly by Mr. John A. Newman or Mr. Cohen was unable to complete the transaction.

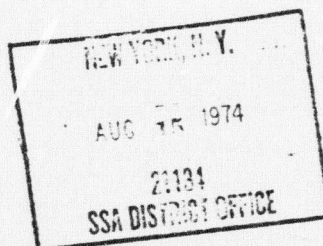
This office continues to service these policies.

I hope this information is helpful to you. If you have any further questions, please do not hesitate to get in touch with this office.

Sincerely yours,

Alice M. Blundo
Alice M. Blundo
Office Manager

AMB/mtf



BEST COPY OBTAINABLE

8/15/74

161

8:22 A.M.

I called on Mr. Blaxter at 4290 Broadway
N.Y.C. He stated that checks would
be issued for months in the hospital
only if I accept them in full payment
till end of 1973.

I agreed to accept these checks
only if I did not waive my rights
for months not spent in the
hospital.

Mr. Blaxter then read the statement
sent by the Long Beach Office stating
that I was to sign.

I refused to sign the statement
further stating that the hospital
should be the hospital and not the
Long Beach Office. He stated that the
Long Beach Office was not to be involved.

I asked for Miss Long Beach's name
that she was on vacation.

Mr. Blaxter advised Mr. Carter that
payments for the time I was in the hospital
could be made only after I signed
a statement waiving my rights to
any other payments for months not
in the hospital.

EST COPY OBTAINABLE

Jan 40
Sept 1974

350 Leabrum Blvd
N.Y. N.Y. 10040
Sept 27. 1974

Social Security Office
9605 Horace Harding Blvd.
Flushing N.Y.
attn. Mr. Goldblatt

220

Re. 085-88-9528

Gentlemen -

On 9/23/74 I received your call informing me that a check covering my social security payments for the period of my hospital treatments could be forwarded.

I am inclosing herewith a copy of a statement received from your office at 4292 Broadway N.Y.C. It would seem to indicate that this payment is contingent ~~upon~~ my acceptance of payment for these months only.

In any event I do not intend to spend any more time or aggravation in this matter until you keep your many promises and mail me a check for the time in the hospital. Upon receipt of this check I will supply all data which they may request as I did for the years 1971 & 1972.
copy to 4292 Broadway. Respectfully yours
E. K. H.

EXHIBIT 19
121



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved
Budget Bureau No. 72-R0442

163

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <u>JOHN J. COOPER</u>	SOCIAL SECURITY NUMBER <u>085-23-7523</u>
NAME OF PERSON MAKING STATEMENT (If other than wage earner or self-employed person)	RELATIONSHIP TO WAGE EARNER OR SELF-EMPLOYED PERSON

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that:—

YOUR 1972 AND 1972 TAX RETURNS SHOW SUBSTANTIAL SELF-EMPLOYMENT INCOME AND
SOME DEDUCTIONS FOR TRAVEL AND ENTERTAINMENT. DUE TO YOUR
HOURS OF WORK WHICH YOU HAVE PAID FOR 12/72 and 11/72. WE ARE ALSO PREPARED
TO PAY YOU 7/72-9/72, 12/72, 1/73, 9/73 and 10/73. Since evidence in file
reveals that you are still working you would be paid beginning 9/74 when you
attain age 72. If you agree with the above please sign below. If you do
not agree please come into the office with your 1973 tax returns an hourly
breakdown of services performed by month, include time spent for travel
and entertainment and time spent at home for business activities.

Copy

NIF 9/4

Aug 22, 1974

164

Social Security Div.
9605 Horace Harding Blvd
Flushing NY 11368
att Alvin L. Brown -

TOE 420

re file # 085-28-9528 A+B.

Dear Mr. Brown -

During the past 4 months I have spent many hours on the telephone with your office. Both Mr. Cooper & Mr. Gumbblatt assured me that a check for the balance of the time that I was confined in Mt. Sinai would be paid for, and that I would get ^{this check} shortly.

Upon the strength of this promise I agreed to call at 4290 Broadway & discuss payments for other services. I spoke to a Mr. Baxter at some length, and after reversing his position several times called Mr. Gumbblatt at your office - he was advised that no payments would be made unless I waived my claim for further payments.

I think it is criminal to try to starve me into perfecting my rights for payments which are justly due me.

Human justice demands that you pay what you know is due me - and give me a fair hearing on any further claim. Please call me when you have my file & can discuss it with me. Respectfully yours
M. Cohen

MERVIN J. COHEN
350 CABRINI BLVD NY 10040

CLARK

350 Leaburn Blvd 540
NY NY 10040
May 8 1974 165

Social Sec. Admin
9605 Horace Harding Blvd
Queens NY
Attn: Mr. Alvin L. Brown -

WA 8-3109

Re #085-28-9528
your letter 4/18/74

Gentlemen.

I have spent half the morning trying to reach you on the phone. Either no answer or a busy signal was all I could get. Occasionally the operator answered and I held on for at least 5 minutes and I did not reach anyone in your office.

As yet, all I have received is payment for 2 months. for housekeeping of my hospital stay alone verifying disability for more than 7 months.

I don't enjoy my retirement, let alone live without my social security. Because I don't get the payments I work, spend money, earn nothing as yet, as sacrifice my social security benefits.

I think it is criminal. Please call me.

my case is with someone who can help me make a decision

CLAIMS INQUIRIES - 540

Social Security Office
9605 Horace Harding Blvd.
Forest Hills N.Y.

Apr 15, 1974

166

NEPC APR 17 1974

Re 085-28-9528A

Gentlemen;

Is it possible to get an answer to only one question?

During the more than a year that I have been actively trying to secure my social security payments I have secured payments for only 2 months benefits. I am again enclosing letters from Mt. Sinai Hospital showing the periods during which I was at the hospital.

Why have payments not been made to cover at least the periods of my illness - or at least the time I was in the hospital??

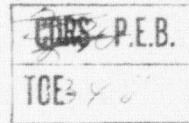
Can you write or call me

Thank you
MJC

MERVIN J. COHEN 350 CARLINI BLVD NYC
WA 8-3109 10046

MERVIN J COHEN
350 CABRINI BLVD
N.Y. N.Y. 10040
Mar. 29, 1974

NEPCW 1974
167



Social Security
9605 Horatio Harding Blvd.
Flushing N.Y.
Attn Mr. Cooper

085-28-4528H

Gentlemen -

I called this morning
in connection with my social
security payments.

I have been retired
since my business was sold
in June 1971. I was 65 on
Sept 26, 1967.

I have had no income
from my business since the
beginning of 1972. Payments from
June to that date were for the sale
of my business. I have been earning a
small income from stock dividends and
have had no earnings since Jan 1971.

I did receive payment for 2 months
of April 1972, which did not cover me
the time I was in the hospital. I would like

085-28-4528H
I am not a member of the Social Security Administration. I am not a member of the Social Security Administration. I am not a member of the Social Security Administration.

350 LaSalle Blvd

NY 10040

Mar 19, 1974

168

Social Security Division

9605 Horace Harding Blvd.

Rego Park N.Y.

ATTN Mr Bernard Brodsky (re: Mr. Brodsky)

Re 085-28-9528

(see memo dated 5/8/74 from Mr. Brodsky to Mr. H. R. Tinsley re: Mr. Brodsky)

Gentlemen;

I have call several times and held the line for at least 10 minutes. The girl at the switchboard would not take my number so that someone in your office would call me back.

It is a long time since I have applied for my monthly payments. All data requested has been submitted, some of this data 2 or 3 times.

If you are not ready to make my payments, which are now very badly needed - please call me with and I will call at your office and see if this matter can be settled.

Respectfully yours, W. Brodsky

Social Security
4292 Broadway
nyc.
att Service Dept

Feb 14. 1974

169

Re 085-28-9528 A

Gentlemen,

I was in your office last week and
tried to renew my case with you. The flushing
office mailed the SS 525 form to you more
than a week ago. Please send this form
to me so that I can complete it.

Kindly call me when you have
your file available so that I can find
out what is needed to secure the long
past due payments.

Respectfully yours

[Signature]

2/24/74

B. Brodsky CIS

SS 9 to
RMD

Card annotated

copy to Flushing
att Mr Bernard Brodsky

Social Security Div.
4290 Broadway
N.Y.C.

Feb. 7, 1974
350 CAMBRIDGE BLVD
N.Y.C. 10010 170
PHONE WA 8-3101

Re. 085-28-9528 A

Gentlemen;

As yet I have received my
payments for only 2 months, covering the
period of Oct. - Nov. 1972.

You will find enclosed another
copy of the agreement covering the sale
of my business in June 1971. I have had
no income except from renewals and 2
life policies which were sold by the
general agents for John Hancock Life Ins. Co.
& National Life Ins. Co.

I have worked only occasionally
in short periods since Sept. of 1970. You
have the letters from Mt. Sinai Hospital
showing the time I spent there.

Copies of my tax returns for the
years 1971 & 1972 are enclosed herewith.

Payment should be made
immediately for the entire period from
June 1971 to date, and arrangements can be
made to establish these months prior to
this date, to which I am entitled to payment.

Respectfully, yours

Stoken (MERVIN J. COHEN)

4/17/73

Memorandum dated 4/17/73

171

Insurance Policy
Helmuth - see - Helmut - 13,700 - 100%
10/1/72 100% 100% 100% 100%
4/1/72 100% 100% 100% 100%
4/1/72 100% 100% 100% 100%
10/1/72 100% 100% 100% 100%
10/1/72 100% 100% 100% 100%
- 4/1/72 100% 100% 100% 100%
4/1/72 100% 100% 100% 100%
4/1/72 100% 100% 100% 100%
Total 15% 15% 15% 15%

4/1/72 100% 100% 100% 100%
- 4/1/72 100% 100% 100% 100%
4/1/72 100% 100% 100% 100%
Total 15% 15% 15% 15%

Statement from

1971, 1972 adjustment
41975 of 100%
has with them
on 10 policy - 100%
7 drawn

BEST COPY AVAILABLE

Social Security Admin.
4290 Broadway
NY, NY.

350 Babinski Blvd
NY, NY 10040
Jan. 9, 1974

File # 085-28-9528 A 172

Gentlemen:

This will acknowledge receipt of your check covering months of Oct & Nov 1972. It is many months since my request for monthly payments.

At this time I believe you have sufficient data to support payments from June 1971 to date. The following data supporting this claim have been delivered to your office.

1. My business was sold during June 1971. You have a copy of the agreement of sale, indicating that I was to work 2 days weekly. I never was able to spend this time at their office. They removed my personal files during Dec 1971 and I have had no office since.

2. I have not developed any new business since June 1971. My income since that date represents payment for the sale of my business, those payments were discontinued in Dec 1971.

3. The income on life insurance represents several commissions since June 1971, practically all of my new commissions were on one case, the Mohawk Constructors Inc., on the lives of 2 officers, Phillips Miller & Anthony T. Granes, for policies totaling \$1,650,000. The applications were secured by Mr. Tim Stametz of the Edw. J. Scherding agcy. for John Hancock Life Ins. Co. & John A. Newman, general agent for National of Vermont. The customer met at home, while I was ill, during August 1971 and arrangements & applications were made by these 2 agencies.

Letters confirming these facts were delivered to your office many months ago. I think it is a shame that at this late date

11/9/74
Page 2

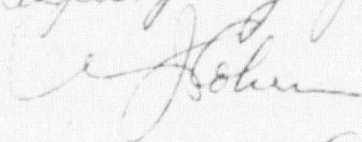
173

at age 71, that I should suffer this delay.
Payments for all months from June 1971 through
Jan. 1974 should be made immediately.

For the period from Sept. 1967 to June 1971
I will submit income figures for those months
for which payments may be due me.

You have letters confirming hospitalization
from 7/21/71 - 12/12/72, 1/2/73 - 1/17/73 + 4/7/73 - 10/1/73
and I was an outpatient from Oct 17 1973 - Nov 1973

Respectfully yours



MERVIN J. COHEN

2/1/75

MOUNT SINAI SCHOOL OF MEDICINE
of The City University of New York
FIFTH AVENUE AND 100TH STREET, NEW YORK, N.Y. 10029

CU
NY
174

11/27/73

Dear Mr. Cohen:

As per your request and signed release I am able to give you the following information.

- 1) The dates of your inpatient hospitalization are:
7/21/72-12/12/72; 1/2/73-1/17/73; 9/7/73-10/17/73
- 2) Your diagnosis is Manic Depressive Illness, circular type.
- 3) People with your diagnosis have episodes of depression and mania in their history. When in a manic phase, a patient may have extreme feelings of well-being, euphoria, grandiose ideas out of keeping with their situation, may go on spending sprees or feel irritated.

People with the diagnosis of Manic-Depressive Illness may experience business difficulties because of changes of mood, behavior, and judgement when they are depressed or manic.

Yours truly,

Gregory Fischer
Gregory Fischer, M.D.
Resident in Psychiatry

EXHIBIT 20 (4/17)



THE MOUNT SINAI HOSPITAL

Fifth Avenue and 100th Street • New York, NY 10029 • 212 876-1000

10/23/73

This is to certify that
 Mr. Morris Cohen was hospitalized
 here from 9/7/73 to 10/17/73
 and presenting as a day patient
 S. H. Cohen MD



MOUNT SINAI SCHOOL OF MEDICINE
of The City University of New York
FIFTH AVENUE AND 100TH STREET • NEW YORK, N.Y. 10029

176



Department of Psychiatry

August 2, 1973

To Whom It May Concern:

This is to certify that Mr. Mervin Cohen was a
patient in our Hospital from September 21, 1972 to
December 12, 1972.


Edward D. Joseph, M.D.
Clinical Director

ne

1/12 1477
9/12 1478

Received
The
Mount Sinai
Hospital

CARS RE 708
FW
540
177
11/20

FIFTH AVE. AND 100th STREET • NEW YORK, N.Y. 10029

SOCIAL SERVICE DEPARTMENT

September 16, 1974

Social Security Administration
9605 Horace Harding Boulevard
Flushing, New York 11368

RE: Cohen, Mervin
350 Cabrini Boulevard
New York, New York 10040
SS # 085-~~05~~-9528 A
2.8

ATTENTION: Mr. Alvin Brown

Dear Mr. Brown,

The above-named patient attends our Medication Clinic in our Out-patient Psychiatric Department.

He has requested my assistance in helping him to obtain his Social Security benefits that he has not received for the period of time that he was hospitalized here. (July 72 thru December 12th, 1972, and September 7, 1973 thru October 17, 1973).

He has had communications with your office in the recent past.

I would appreciate any information that you could give me regarding this situation.

Thank you.

Yours truly,

Department of Health, Education & Welfare
Bureau of Hearings and Appeals

Susan Kemp
(Ms.) Susan Kemp
Social Worker
650-7049

SK:jr

JAN 9 1975

800 Federal Plaza, Rm. 313
New York, New York 10001

Department of Health, Education & Welfare
Bureau of Hearings and Appeals

19 1975

800 Federal Plaza
New York, New York 10001

Form 55A-107 (7-67)

Form Approved by Comptroller General, U.S.
January 28, 1967DETERMINATION OF
RESUMPTION OF AWARDDepartment of
Health, Education, and Welfare
Social Security Administration

CLASSIFICATION

☐ MANUAL ADJUSTMENT☒ AP BLOCKING

D.Q. CODE

ACCOUNT NUMBER

085-28-9528 178

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS

HERVIN J. COHEN
350 CARRINGTON BLVD
NEW YORK, NY 10040

FOR CHILDREN OF

FOR

GUARDIAN OF

BENEFICIARY NOTICE

- ☒ 1. TEMPORARY DEDUCTIONS A EMPLOYED 1/74 - 8/74 - age 72 - 9/74
- ☒ 2. PERMANENT DEDUCTIONS A EMPLOYED 2/73 - 8/73, 11/73 - 1/74

TOTAL
EARNINGS \$TOTAL
EXCESS
EARNINGS \$CHARGEABLE
EXCESS
EARNINGS \$TOTAL
MONTHLY
BENEFIT(S) \$☐ 3. PROPER PAYEE DETERMINED☐ 4. TO CORRECT NAME OR
ACCOUNT NUMBER☒ 5. OTHER Unstate Serf☒ ONE CHECK
ONLY☐ A-☐ AWARD☐ CONDITIONAL
AWARD☒ ADJUSTMENT☐ CONDITIONAL
ADJUSTMENT☐ SUPP L/S☐ FOLDER
REFERENCE

PRT IDEN CODE	BEN IDEN CODE	MONTHLY BENEFIT		ACCRUED BENEFIT (+)		DEDUCTIONS (-)		ADJUSTMENT			SUPPLEMENT			REFERENCE
		BEGIN DATE	MONTHLY RATE	PERIOD		EFFECTIVE		R F D	W C	DIFFERENCE				
				FROM	TO	FROM	TO			(+)	(0)	(-)		
A			230.30	7/72	8/72	7/72	8/72	X			0			
			276.40	9/72	9/72	9/72	9/72	X			0			
			276.40	12/72	12/72	12/72	12/72	X			0			
			294.20	1/73	1/73	1/73	1/73	X			0			
			294.20	9/73	10/73	9/73	10/73	X			0			
		12/74	326.70	9/74	11/74	9/74	10/74	X			326.70			
			6.70				Pa							
													</	

3-00 55 NY NOV 11/12

BIC	PRC	POA	SOC	MOCK	PEI	SOCK	POI	MBP	MPA	PRC	TED/TTD	HIC
A	A	6.70	2	7.67		7.71		320.00	320.00			

CREDIT CODING

DEBIT CODING

TFC	OLD ABS	ASC	DOCA	DOST	TOCA/RECA	CRBC	QABS	NSA	PIA	DOCA	RFCA	MAI	CCD	NABN
4	268	R	X					7	320.20		A-			

MARKS

Pa 12/74

PREPARED BY - EXAMINER

DATE

APPROVED BY - SUPERVISOR

2047-14 10/30/74

EXHIBIT 21

Department of
Health, Education, and Welfare
Social Security Administration

CLASSIFICATION

MANUAL ADJUSTMENT

 AP BLOCKING

D.O. CODE

ACCOUNT NUMBER

025-28-9528

15

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS: Merwin J. Cotten
350 C.B.E. N. Bldg.
New York NY 10040

FOR CHILDREN OF

504

GUARDIAN OF

BENEFICIARY NOTICE

Apu 5/3

☐ 1. TEMPORARY DEDUCTIONS _____ EMPLOYED

☐ 2. PERMANENT DEDUCTIONS _____ EMPLOYED

TOTAL EARNINGS \$

CHARGEABLE
EXCESS
EARNINGS 1

TOTAL MONTHLY BENEFIT(S) :

☐ 3. PROPER PAYEE DETERMINED

☐ TO CORRECT NAME OR
ACCOUNT NUMBER

X 5 OTHER 359- Leon

CH-22

2000-01-01

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ADJUSTMENT

1/2000

☐ **NAME**
☐ **REPORT NO.**

BOOK CODE	BEN. PLAN CODE	BEGIN DATE	EXPIRATION DATE	PERIOD		EFFECTIVE DATE	R F D	W A C	(+)	(-)	BAL. AMOUNT DUE
				FROM	TO						
A		2/30/30	7/72	8/72					46040		
		2/6/40	9/72	9/72					27640		
		2/6/40	12/72	12/72					27640		
		2/4/20	6/73	7/73					29420		
		2/9/20	9/73	10/73					58840		
		3/6/70	9/74	10/74					65340		2549

A-32-0 NY NOV 11 1961

EXHIBIT 22

72.27 - 2.1.1968	10/30/72
------------------	----------

John Hancock Mutual Life Insurance Company

Edward J. Scherding, Jr., C.L.U.
General Agent

Fifth Floor, Woolworth Building
233 Broadway
New York, New York 10007
BArcley 7-1070

180

A. Robert Jacobs
Associate General Agent

Joseph D. Murphy
Associate General Agent

Howard Metzner, Jr.
Office Manager

Laurence E. Greeley
Brokerage Consultant

Tom Starnetz
Brokerage Supervisor

August 23, 1973

Mr. Mervin Cohen
269 New Britain Road
Kensington, Conn. 06037

Dear Mr. Cohen:

As per your recent request commission paid to you by this office
are as follows.

For the calendar year 1971, new commissions - \$11,149.63, renewal
commissions - \$1,075.13 for a total of \$12,224.76.

For the calendar year 1972, new commissions - \$30.14, renewal
commissions - \$2,838.52 for a total of \$2,868.66.

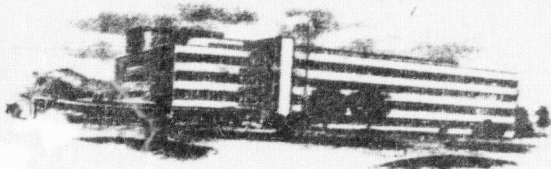
Cordially,
THE SCHERDING AGENCY

Arleen Soberman
Arleen Soberman (Mrs.)

as

EXHIBIT 23

EXHIBIT



FOUNDED 1850 - PURELY MUTUAL

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NATIONAL LIFE INSURANCE COMPANY

MONTPELIER, VERMONT 05602

JOHN A. NEWMAN
GENERAL AGENTJOHN A. NEWMAN AGENCY
135 WILLIAM STREET
NEW YORK, N.Y. 10038
TELEPHONE (212) 962-4434

March 22, 1974

Mr. Michael R. Cohen
350 Cabrini Blvd.
New York, N.Y. 10040

Dear Mr. Cohen:

First of all I apologize for not answering your letter before this date. I have listed below the information you need for the Social Security Office, that was earned by Mervin Cohen - agent #18412 - National Life Insurance Co.

Commission Statement	Policy Number	Insured	Commissions Earned 1st Year	Renewal
12/31/72	1425401	Miller, P.	3,054.40	
2/15/72	1425401	Miller, P.	15,093.43	
3/15/72	1427094	Miller, P.	328.43	
	1425401	Miller, P.	-1,527.20	
3/31/72	1425401	Miller, P.	-7,546.71	
4/15/72	1425401	Miller, P.	8,896.79	
4/30/72	1427094	Miller, P.	- 621.25	
	1434459	Araneo, A.	9,710.53	
Total Commissions Earned 1972			27,388.89	
1/31/1973	1425401	Miller, P.		1,633.70
2/15/1973	1427094	Miller, P.		29.90
4/15/73	1434459	Araneo, A.		882.78
Total Commissions Earned 1973.....			2,546.38	

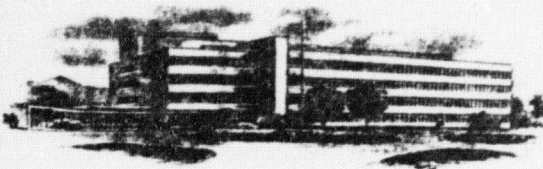
I hope this information is helpful to you. If you have any further questions, please do not hesitate to get in touch with this office.

Sincerely yours,

Alice M. Blundo
Alice M. Blundo
Office Manager

EXHIBIT 24

AMB/mcf



FOUNDED 1850 - PURELY MUTUAL

182

NATIONAL LIFE INSURANCE COMPANY

MONTPELIER, VERMONT 05602



JOHN A. NEWMAN
GENERAL AGENT

JOHN A. NEWMAN AGENCY
135 WILLIAM STREET
NEW YORK, N.Y. 10038
TELEPHONE (212) 962-4434

April 2, 1974

Mr. Mervin J. Cohen
350 Cabrini
New York, N.Y. 10040

Dear Mr. Cohen:

At your request please be advised of the following:

the applications on the life of Philip Miller, policies 1425401 and 1427094 and the life of Anthony T. Araneo, policy no. 1434459 was **secured** for by this office and particularly by Mr. John A. Newman as Mr. Cohen was unable to complete the transaction.

This office continues to service these policies.

I hope this information is helpful to you. If you have any further questions, please do not hesitate to get in touch with this office.

Sincerely yours,

Alice M. Blundo
Office Manager

AMB/mtf

EXHIBIT, 25

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

MERVIN J. COHEN

Plaintiff

vs.

Civil Action No. 75 CIV 5948

DAVID MATHEWS,
SECRETARY OF HEALTH,
EDUCATION, AND WELFARE,

Defendant

C E R T I F I C A T I O N

I, Paul R. Muller, Chief, Civil Actions Branch, Division of Appeals Operations, Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, under authority conferred upon me by the Secretary, hereby certify that the documents annexed hereto constitute a full and accurate transcript of the entire record of proceedings relating to the claim of Mervin J. Cohen for retirement insurance benefits under title II of the Social Security Act, as amended, such transcript including application for benefits, testimony and other evidence upon which the decision of the administrative law judge of the Bureau of Hearings and Appeals, Social Security Administration, was based.

Date: April 8, 1976



Paul R. Muller